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ON

THE SUCCESSES AND FAILURES OF MEDICINE.

By C. J. B. WILLIAMS, M.D., F.R.S.,

CONSULTING PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, BROMPTON.

LECTURE I.

GENTLEMEN,—To one long engaged in the practice of Medicine, there are few facts more striking than that of the uncertainty of his art. His past recollections and his present experience are made up of mingled failures and successes: he is happy if the successes so outnumber the failures, and predominate over them, as to throw them into the shade. The source of this uncertainty may be found partly in the imperfections of the art, but more in the intractability of intense forms of disease, and the ultimate inevitability of death.

The physician cannot confer immortality; he cannot conquer death, or triumph over all forms of disease. But he may be expected to say what he can cure, and what he cannot cure—to recognise and to define the limit of his powers. Complete candour is in any case better than guessing, which is little more than gambling with the chances of success. Much depends here upon the enlightenment of the public. They are now generally so far well informed as to be able to draw a distinction between functional disorder and grave organic disease. But, perhaps, neither the public nor the physician are thoroughly alive to the danger of those ferments which poison the system, corrupt the blood, and by the intensity of their virulence, lead necessarily to death, thus baffling Medicine, and occasioning the greater part of its failures. Take as an example one of the severe forms of scarlatina. Here are seen the utter prostration, rigors, stupor, thready failing pulse, swollen throat, offensive or suppressed state of the secretions, which are characteristic of an intense degree of blood-poisoning. Here the patient is brought as completely within the clutches of death as though plunged into boiling water or freely dosed with prussic acid. Then in unmodified petechial small-pox, what prostration of strength! The dusky hue of the skin indicates the failing powers of the circulation. The eruptive spots, incapable of maturation, are never truly pustular, and are filled with thin sanies. The signs of approaching dissolution are written in physical characters which cannot be mistaken, and in a few days the inevitable end ensues. Here death is certain. The dose of poison is too strong, and the result may almost be described by saying, that here as soon as it is disease it is death. So with cholera. This exhibits the elements of disease in its most appalling form. Here, again, we cannot successfully contend with the force of the poison. Medicine is foiled by the overwhelming power of its antagonist. But a light shines out which illumines what would otherwise be a very gloomy prospect. For such diseases which cannot be cured may, by our science, be prevented. Although we cannot arrest the disease when developed, we may nip it in its bud, and prevent it showing its full force.

I have endeavoured to sketch out some of the elements of failure and success, and present them in the following table:—

Failures of Medicine, from the overpowering nature of Disease.

- **Structural** ..... Extent, Vitality } of parts included. Malignancy. Destructiveness.
- **Functional** ..... Intensity and Duration. Vitality of Organ. Syncope. Shock. Tetanus.
- **Blood-poisoning** ..... Overwhelming effects of Poison. Defective powers of Resistance and Elimination.
- **From Errors in** ..... Diagnosis. Prognosis. Therapeutics { Drugs. Diet. Regimen of { Mind and Body.

What are the objects which we seek, and in attaining which we may account ourselves successful? Those objects are various, but I have endeavoured to compress them also in a table, which I will read at once, as it may indicate the plan of my subject, and serve for subsequent occasional reference.

Objects of Medicine.

- **Preliminary** ..... Diagnosis { Detection and Distinction } of Disease.
- **Preliminary** ..... Prognosis { Valuation and Calculation } of Powers of Health and Disease.
- **Final** ..... Cure, Prevention, Mitigation and Retardation } of Disease. } Success A.
- **Final** ..... Prolongation and Utilization of Life. Alleviation of Suffering. } ..... Success B.

There are some incidental points in this division of the Objects of Medicine which are, I think, worthy of attention. I have divided them into *preliminary* and *final* objects; and of the preliminary objects I would observe that, in the scientific view of Medicine, they are of high importance, scarcely less so than the final. I do not press this consideration, but the manner of division may of itself suggest some useful reflections on this subject. I make a difference between the diagnosis and distinction of disease. It is one thing to diagnose a disease, and another to distinguish it in all its characters and mentally complete its life-history. The object of the scientific physician is to establish the distinction of the disease, in itself and in its consequences, from all other diseases of the system, and to balance it against the residue of health. His object is, not to give it a name, but to distinguish for the purposes of cure, and therefore in relation to the economy, and to the power by which it may be overcome. In the same way a scientific prognosis is obtained by valuing and calculating the relative powers of the disease and the health force which is in the system—by estimating and striking the balance. There is an empirical diagnosis common to medical men, and also to nurses and attendants on the sick, which is founded on certain signs and fixed indications. This is a kind of diagnosis to which I do not refer; it is not reliable, and should be substituted by the more perfect distinction of the full characters of the disease and its relation to the economy.

The *final* objects of Medicine I have divided into two classes. The first and greatest objects are, either cure or prevention of disease. But I would call attention especially to the subordinate objects at which we may aim. The success of complete cure is a happiness which falls more often to the lot of the family practitioner, who is called to combat the beginnings of disease, or to overcome its milder attacks, and who summons the aid of the consulting physician in view of the more formidable and stubborn manifestation of the disorder. But even where this greatest object cannot be anticipated, there are yet others worthy of our labour, by which we may attain results conferring honour on our art and blessing on our patients. We may procure the mitigation or retardation of disease, and it must be remembered that the two are not identical. As in phthisis,

we may often mitigate when we cannot retard the malady; or, in other cases, we may succeed in prolonging life and relieving pain. So that where we cannot attain the highest success, we may yet be as useful as possible.

Of these heads of success, that of the first class (Success A) is indeed the most satisfactory and creditable. To restore a sufferer from a state of weakness, pain, and prostration, to one of health, ease, and strength, is a striking triumph, such as may often be achieved in the treatment of fevers, of acute inflammatory and other affections. But it is one which falls more often in proportion within the scope of family practice. Consulting physicians have not an equal share of such cases; they are generally called when the disease has triumphed or is triumphing over the life-powers, or they are consulted when chronic disease, neglected at the first, has firmly established itself in the system. But this smaller proportion is often compensated by signal triumphs under difficult circumstances, by happy achievements of subordinate success, and by being able to dissipate many of the fears with which patients, and sometimes practitioners, unnecessarily invest disease. Thus much as to cure.

Prevention is assuredly among the noblest aims of Medicine. The success which has attended the application of medical science to the prevention of zymotic disease is one of its greatest triumphs. It is by keeping in view this object that we have been able to prevent the rising of pestilence from air, earth, and water, or to render it harmless. Honour to the man who found the way to stop the plague of small-pox, and proved that the seeds of the disease transferred to another soil might be made to germinate with a healthy and saving influence. This preventive success is a great glory to our art and to our nation. Does not the discoverer of vaccination deserve the highest honour which the State can confer on him? If we raise in the public forum statues to the heroes of a hundred fights—a Nelson, a Havelock, a Napier, shall we banish into obscurity that of Jenner, who saved more lives than they sacrificed, and prevented more slaughter than they occasioned? I recognise the public services of these great soldiers, but I do not the less feel that to displace the statue of such a man as Jenner is an outrage on humanity. But I grieve to say that it is in accordance with the ignorance which so many of the upper classes have displayed on cognate scientific subjects, and which procured so many supporters among their number for the follies of various kinds of medical quackery.

Another example of the value of preventive medicine is furnished by the recent history of the sanitary reform in the British army. The mortality of the British army previously was immense. It was a disgrace to the public character, and to those who systematically neglected medical counsel. It is the fashion now-a-days to hold up the stumblings of Medicine to the public gaze, and to invoke ridicule and censure; but if the faults and defects of the public offices—if the deficiencies and errors of the other departments of professional labour, were sifted with as invidious and jealous an activity, there would be few left to smile without wincing secretly at their own uncovered sores. The moment that medical aid was invoked by the authorities to prevent the excessive mortality of the army, the figures of death were reduced with triumphant rapidity. A few numbers will illustrate this. Within the space of five years the mortality of the Foot Guards is shown by Dr. Farr to have fallen from 20 to 9, of the infantry from 18 to 8. So that, notwithstanding all the complaints of cold and discomfort which we hear from Aldershott and Shorncliffe, —complaints incidental to any form of soldiering,—the standard of health is now very high. In war the improvement is still more striking. And here let it be remembered that this great saving of human life has been primarily due to no official personage, but to a lady—Miss Nightingale. It was she who summoned the authorities and the nation to take counsel with physicians and engineers, and to apply to the army the laws which preventive medicine had already established and applied in civil life. The result of the Chinese expedition was fully to prove how great had been the saving of life thus achieved. In the Crimean War the sick in hospital were nearly seven times the number of the killed; while in the Chinese War they were nearly equal. The relative proportions of zymotic sickness in the two campaigns were as 6 to 60.

These are the major successes of Medicine. We come now to the minor successes. I speak of the Prolongation and Utilization of Life, and the Alleviation of Suffering. These may seem very subordinate at first, but often they are far from being so in the estimation of the patient. To many life never seems more precious than when they are on the point of losing it; and more gratitude is often testified to the physician when he succeeds in achieving the minor triumph of prolonging life and relieving pain, than in the case where he may have accomplished a perfect restoration to health and ease. Patients, indeed, are apt to feel more strongly the blessing thus conferred on them than we do; for, without dwelling on the more or less unpleasant limitations of their improvement, they often consider themselves cured when we only consider them relieved. Prospective fears trouble them but little, if not brought too closely under their gaze. Practitioners should always be aware of this; it supplies an important mainspring of action in certain cases. I will give an instance:—A patient has been incautiously told that he has an organic disease of the heart, and his mind is filled with pressing fears. He flies to another physician, who can conscientiously tell him that there is no present danger; that with ordinary care he may live many years in comfort. This latter seems like a saviour. The physician has in no respect invalidated the scientific view of the disease; but he has removed far off the prospect of danger, and has filled the mind with hope instead of fear. Another instance is that of spitting of blood. People have a great horror of spitting blood. This is shared very often both by patients and practitioners. When a man sees that he is spitting blood, he commonly thinks that his fate is sealed, and that he is going to die. On that point I may say that, looking over my experience, I may form the rough conclusion that I do not meet with a case of fatal result from blood-spitting on an average more than once in six months—that is, speaking roughly but within calculation, not more than one in perhaps two thousand patients; yet a patient is often kept in a state of constant trepidation by the fears excited by that symptom. I have known persons to regain health after spitting up appalling quantities of blood, and have at this moment cognisance of such cases, one in which life has been prolonged in comfort for twenty years. In the cases where medicine is thus able to procure the prolongation of life and comfort during a long period of years, I can hardly consent to place this success (Success B) in a place of subordinate value; and it may be sometimes seen that a person with organic disease, who surrounds himself with all the cares and precautions which the physician suggests, may live longer than a healthy person who is less on his guard.

I propose now to illustrate some of the circumstances under which we meet with the failures and successes of Medicine, by reference to my own past experience. I cannot in this matter trust to memory, and must refer to notes. These are not statistical records of my practice; but it has been my habit to take notes of my cases, and I have notes of between 23,000 and 24,000. Of course they are not all complete histories of disease; but many of them are, and out of these I have been able to cull results. I cannot go over the whole period. I have selected the period comprised between the years 1849 and 1855, and have picked out those cases of which the history was tolerably complete and extended. My reason for doing so was, that a great number of the patients of a consulting physician do not return, or return but a few times, to him: they are under observation for a few days, weeks, or months. But I thus select cases of which my knowledge extends over some years; generally, not less than five years. We shall thus get something like a true and faithful result; more so than with hospital cases, because, after the patient has left the hospital, we have generally no means of completing the life-history. I propose to cull illustrations out of these records. I have no great successes to boast of, and no egregious failures to confess. My experience is much like that of others. So far as it has gone into special subjects, it may enable me to speak most usefully on those subjects. I select, therefore, for illustration—

Pneumonia with Pleurisy.
Pulmonary Abscess (with Gangrene of the Lung).
Pleurisy.
Dilated Bronchi.
Asthma and Emphysema.
Hæmoptysis and Phthisis.
Heart Diseases; including those of the Walls and Valves, and complicated with Diseases of the Liver and Kidneys.

These are large subjects, and I am aware that I shall only be able to deal imperfectly with them. I must ask the patience of my elder brethren if I sometimes fall into commonplace, which, as a rule, I shall certainly endeavour to avoid. But there are some commonplaces which are yet highly important; and if very important, that may excuse reference to them.

Pneumonia.—This disease I regard, not as a local inflammation, but as a disease affecting that vascular plexus which conveys all the blood of the body—as an inflammatory disorder of the lesser circulation of the body. It is not a local, but

essentially a blood disease, and brought about by agencies affecting that fluid. Then there are certain poisons which, if introduced into the blood, produce pneumonia. The bite of a rattlesnake has this consequence; the injection of phosphorus into the veins; the slow absorption of arsenic through a wound. So also with certain fevers, which, besides a tendency to affect the whole frame, tend specially to excite pneumonia. Asphyxiating influences produce pneumonia. Further, any influence which affects violently the whole circulation is very likely to end in pneumonia; especially that great cause, cold, and most strongly when combined with fatigue. It is not so much ordinary cold which excites this disease: that produces catarrh and rheumatism. But if a man allow himself to be thoroughly chilled—lie out all night, and be so paralysed and chilled—most probably the reaction will bring on pneumonia. Pneumonia is under the influence of the secretions. It is characterized, as we all know, by an absence of the chlorides and sulphates in the urine; and correlative with this suppression of the chlorides in the urine is the fact that in cases of pneumonia they are found in excess in the lungs.

The general view, then, which I take of pneumonia points to its classification as a blood-disease—one which affects an important part of the vascular system, and of the blood circulating in that system. In this view the suppression of the chlorides must also be kept in mind. In the first stage of pneumonia—which we consulting physicians in this day have little opportunity of seeing—I regard bleeding as the great remedy. I have seen nothing lately in the experience of disease which induces me to modify that opinion, or to accept the uncompromising theory of stimulation which is in favour with the school of my late and deeply lamented friend Dr. Todd. I have seen several cases—not in the period from which I am now selecting examples, but in my earlier practice—of pneumonia in the first, inflammatory stage, where hot skin, crepitation, and strong and frequent pulse have been present, and where bloodletting has arrested all these symptoms, and in the course of a few hours vanquished the disease; and of such cases I cannot drop the recollection. So of other antiphlogistics in this stage, particularly the potassio-tartrate of antimony, a valuable remedy with or without bloodletting. My experience with respect to the manner of its use differs, however, from that of my illustrious preceptor Laennec, who gave heroic doses. I have found doses of from one-eighth to the half of a grain as useful as the larger doses of several grains, which he was accustomed to administer. Saline diuretics are also very useful; and for this purpose we may prescribe a fixed alkali in combination with nitrate of potash, chlorate of potash, or tincture of squill. This is the treatment which I think appropriate to the first stage of inflammation and congestion before the occurrence of *solid effusion*.

In proportion as solid effusion takes place we want other remedies. The pulse alters, the skin cools, and the febrile orgasm subsides. At this stage general antiphlogistic treatment fails. Local depletion by leeches or cupping is very useful, and so also is counter-irritation by blistering. Here tartarized antimony fails, and mercury begins to be useful. It is not till the cholagogue action of mercury is obtained that its full benefit is felt; but the value of this remedy, carried on to the production of this effect, has been very apparent to me, during my experience, in the stages of effusion and hepatization. But as the circulation flags, you need other aids; or, indeed, if from the first the disease be of an asthenic or typhoid type, you need stimulants, which, when judiciously employed, assist in the resolution of the solid effusion.

In the history of pneumonia we meet with cases of which the event shows all the varieties I have enumerated from failure to complete success. The elements of disease may be too strong for the possibility of cure, and cases of such a kind run a necessarily rapid course towards death. I was called to such a patient in February, 1844, a man, aged thirty-four. Six days previously he had been wet through, and was then subjected to the long chilling influence of cold. This was followed by rigors, severe pains, and other symptoms of pleuro-pneumonia. The treatment which I employed included the local application of blisters, double cupping, and calomel. But when I was called his pulse was 140, and, as he said, "he felt dying." The whole of one lung was the seat of pneumonia, the base of the other was also similarly affected. The pleuræ were inflamed, and there were signs of pericarditis. Here was a case of common inflammatory disease, so rampant that medicine failed to check its progress. He died, and the anatomical conditions were such as I have described to you as being evident during life.

Another fatal series of cases are those in which elderly persons are affected. I saw an old lady last week who was attacked with pneumonia, and sank in comparatively few days. These subjects are deficient in health-power. But I have notes of patients much advanced in life who have recovered from pneumonia; and I call to mind now the case of a lady who made a good recovery at the age of eighty-three. I will now take an instance from the successful cases:—In February, 1851, I was called to a patient at Putney who had been weaning a child, and was subject to a cause of much mental anxiety. She had been thoroughly chilled, and I found her suffering with pneumonia throughout two-thirds of her right lung, and offering formidable symptoms of the extent of the inflammatory action. She was delirious. Venesection had been employed without avail. It was useless to employ cupping or leeches. I resorted to tartarized antimony and calomel, and blistering. Both lungs were affected throughout nearly their whole extent in the course of the attack; but, fortunately, the right lung was cleared before the left was involved. This was a most severe case of disease, and was attended with great danger. The urine was albuminous, which might have had some connexion with the state of delirium, and is not uncommon as a temporary accompaniment of severe organic disease. But the patient made a gradual and complete recovery. Two months passed, during which the products of disease were slowly removed, and the patient has since remained quite well. I have notes in this period of one or two similar cases: one of them in a boy at Harrow after playing at foot-ball; and I may mention that I have had more than one patient of this kind from the same cause. The exercise of foot-ball is violent, and causes the utmost excitement of the pulmonary circulation and heating of the body. When the struggle has ended the boys sometimes throw themselves carelessly and exhausted on the wet grass, and thus severe pneumonia has been lighted up in cases which I have seen.

Lectures
ON
SYPHILITIC INOCULATION,
AND ITS
RELATIONS TO VACCINATION.

BY HENRY LEE, ESQ., F.R.C.S.,
HONORARY FELLOW OF KING'S COLLEGE, LONDON; LECTURER ON SURGICAL PATHOLOGY AT ST. GEORGE'S HOSPITAL.

LECTURE I.

THE SUPPURATING SYPHILITIC SORE.

THE various authors who have written during the present century on the subject of syphilis may be divided into three classes, according to the doctrines which they have respectively advocated. The first of these regard all the various syphilitic affections (including gonorrhœa) as depending upon the same poison. The second distinguish between syphilis and gonorrhœa, and ascribe them to the action of poisons essentially different in their nature. The third allow the difference between gonorrhœa and syphilis, but draw an equally marked distinction between the syphilis which infects a patient's constitution and that which does not. Many authors of the third class regard each of these diseases as dependent upon a separate poison, and, therefore, acknowledge three poisons as habitually producing contagious diseases of the generative organs.

The number of poisons which may produce morbid actions in a part scarcely admits of demonstration. Two different poisons may sometimes produce the same action. Thus, the secretion produced by the puncture of a foul lancet and that arising from an injury to a portion of cancellous structure of bone, may both give rise to erysipelas; or, on the other hand, the same poison may, under different circumstances, give rise to more than one kind of morbid action.

It does not, then, follow, that because we can distinctly trace so many morbid processes, that there are the like number of morbid poisons. The diseased actions we can trace with great precision, and can predict the circumstances under which they

will occur, and define distinctly the laws by which they are regulated and controlled. It is, therefore, more in accordance with strict inductive science, to describe the different *modes of action* which occur after impure contact than to ascribe each different action to a different poison.

In this and the following lectures, therefore, we shall treat principally of the morbid processes to which the contact of syphilitic matter gives rise, the circumstances under which these diseased actions develop themselves, and the results which they respectively produce.

Hunter believed that gonorrhœa was always produced from the same virus as syphilis, and nearly all the practitioners who followed him were of the same opinion. Swediaur, however, remarks that the happiness and tranquillity of many families, not less than the fatal effects arising from the improper treatment of this disease, seem to demand the most careful researches upon the subject. He had convinced himself, from well-authenticated experiments, and numerous cases attended with the greatest care, that those who maintained that gonorrhœa and syphilis were always the effect of the same poison, and those who held an opposite opinion, were both wrong in generalizing too much, and in speaking so positively and so lightly on a point of so much importance to the physician and the patient. He had, as he believed, proved to demonstration that blennorrhagia of the genitals of the two sexes owed its origin sometimes to the venereal or syphilitic virus properly so called, and sometimes to some other acrimony applied to the urethra or the vagina. Several cases are related which go to prove that a discharge may be syphilitic or produced by the syphilitic virus; and, on the other hand, cases are given to show that blennorrhagia is very different in its origin and nature from the disease produced by the syphilitic virus. It will easily be conceived, he remarks, of what importance this distinction is in practice, when, on the one hand, we see practitioners treat all gonorrhœas as venereal (syphilitic) with mercurials; and, on the other, by an ill-founded theory they suffer the syphilitic virus to be communicated, and the disorder propagated through whole families, without giving themselves any trouble as to the unfortunate results. This, in a few words, gives perhaps the best account of the theories of the nature and treatment of syphilis extant in 1821.

In 1838, Ricord's "Traité Pratique sur les Maladies Vénériennes" appeared, and this must always remain a most important epoch in the history of syphilis. Ricord professed to demonstrate the truth of his views by experiment, and offered his experimental illustrations to all who might wish to witness them. With triumphant success, and to the satisfaction of his admiring pupils, Ricord demonstrated daily the great fact, that when pus was taken from the urethra in a case of gonorrhœa, and inoculated upon the patient, no result followed; whereas when pus was taken from a suppurating sore, and inoculated with the point of the lancet, that a suppurating chancre was always produced. A great triumph had here been achieved. Science had vindicated her right, not only to distinguish between different morbid processes, originating apparently in the same way, but also to reproduce these actions, and experimentally to trace them through their various stages. With the light thus derived from experiment, the following conclusions were arrived at by M. Ricord:—

I. A chancre is known for certain, neither because it has appeared after a suspicious contact, nor on account of its situation, nor because it has an indurated base, nor on account of its colour, its shape, the character of its edges, nor by the red areola by which it is surrounded, but by its being inoculable so as to reproduce exactly the same disease again upon the same patient an indefinite number of times. All the other conditions may vary; this alone always remains the same, and affords the same experimental results.

II. The pus of a chancre can alone produce a chancre.

III. The best way to produce a chancre is to inoculate some of the secretion from its surface upon another part of the same patient's body.

IV. Beyond the contact of the pus introduced beneath the cuticle, no other action is necessary to produce a well-developed chancre.

V. The inoculation never fails when the pus is taken under the necessary circumstances, and is properly applied.

VI. The pus taken from an inoculated pustule will reproduce a chancre of the same kind originating in the same way, and thus the propagation may extend from pustule to pustule without limit.

VII. When several inoculations are made from the same suppurating chancre, each one gives rise to a separate pustule, which subsequently becomes a chancre. If three punctures are made, we do not see one succeed and another fail. The number accurately corresponds with, and is never more nor less than, the number of the inoculations properly made.

VIII. The pustule, and the chancre which succeeds it, are always developed upon the precise spot where the inoculation is made, and never upon any other part.

IX. Whatever different forms the suppurating chancre may ultimately assume, its course, in its origin, is always the same. The appearance of the pustule is absent only when the part has been excoriated; and it is preceded by phlegmonous inflammation only when the poisonous matter has been introduced into the subcutaneous areolar tissue, or has found its way into the lymphatic vessels.

X. There is no period of "incubation," in the sense in which this word is generally understood. There is for the suppurating sore but one process of development from the contact of the contagious pus to the formation of an ulceration.

XI. This chancre is in its origin a local disease.

XII. The constitutional effects which may follow this chancre do not happen in all cases; and when they do occur it is only after the lapse of a certain time. [In a future lecture it will be proved that constitutional or secondary symptoms do *not* follow this kind of chancre.]

XIII. The origin of the affection must date from the period of contact, and not from the time that the patient perceived the disease.

XIV. In making an abstract of a large number of observations, it will become apparent that ulcerations completely destroyed within three, four, or five days after contagion are not followed by any secondary inflammation.

XV. It is only towards the end of the fifth day that the induration of the chancre commences. [This induration, as we shall hereafter see, belongs to another kind of chancre, and is the result of a different morbid process. It has no relation to the disease now described.]

Such are the results of M. Ricord's investigations published in 1838, and they furnish a very faithful abstract of the evidence which he had obtained by his experimental mode of investigation. Every conclusion is based upon direct observation; and if there had been one form of syphilitic disease, and one only, M. Ricord's conclusions must have stood the test of subsequent experience. But it has now been proved by numberless observations, and by more direct experiments than may, perhaps, be justified, that the syphilitic action which arises after contagion is not always the same. The specific pustule it is true, when inoculated, will always produce the specific pustule; but there is another form of disease, of far more importance to the patient, which does not begin with a pustule at all; which cannot, as a rule, be reinoculated upon the patient who has it; which often has a prolonged period of incubation; which cannot be destroyed by caustic, and which is followed very certainly by secondary symptoms.

Some of the characteristics of the morbid action last referred to have, unfortunately, (as in Propositions XII. and XV. above enumerated,) been confounded with those which constitute the local suppurating form of the disease. It will now be my endeavour to distinguish accurately the symptoms which belong to the one and to the other of these two essentially different morbid processes, and to describe each, as it is in truth, as a separate affection.

M. Ricord's description, then, applies in general very accurately to the suppurating form of the disease; but it does not apply to that which, in its origin, does not begin with a pustule, but which begins with some adhesive form of inflammation—such as a papule, a tubercle, or an abrasion, with a thickened base.

The remarks in the remainder of this lecture will apply to the local suppurating form of the disease which gives rise to the soft chancre. In the next lecture we shall consider the disease which gives rise to the hard chancre and its consequent constitutional or secondary symptoms. In the third and following lectures, the results of *two fold* inoculation as they present themselves in nature, under different forms, will be described, together with the various complications which may thence arise.

The *primary suppurating syphilitic sore* is a local disease, and has never been known, so far as I am aware from personal observation, to infect a patient's constitution so as to produce secondary symptoms. It commences as a pustule, and runs a definite course. When artificially inoculated, the inoculated point becomes red within the first twenty-four hours. From the second to the third day it becomes slightly raised, and is surrounded by a red areola. Between the third and the fourth day it contains a fluid more or less turbid. From the fourth to the fifth day the pustule becomes fully formed, and from

this time to the termination of the disease the secretion consists of well formed pus. Sooner or later, the cuticle covering the pustule is detached, and in some instances it may be removed at the time of the inoculation, whether artificial or natural. This alters the appearance of the affection, but in nowise interferes with its essential characters. As soon as suppuration commences, there is a loss of substance in the part, and an ulcer forms, which has peculiar characters. When not interfered with by any accidental causes, it increases equally in every direction, so as to form a more or less perfect circle. The edges of the ulcer are cleanly cut, and present a sharp outline. The appearance presented is often that of a piece of skin having been removed by a punch. The edges of the ulcer are frequently slightly undermined and everted. The surface of the ulcer is irregular, sometimes presenting granulations, at other times presenting the appearance of having been worm-eaten. Often the bottom of the ulcer is covered by an adherent, greyish, tough matter, which probably is a part of the natural texture which has undergone a kind of molecular necrosis, and is in process of being separated from the subjacent living parts.

Suppuration in itself does not necessarily involve a loss of substance, but these suppurating sores nevertheless often leave permanent and depressed scars. This evidence of loss of substance is probably in exact proportion to the degree in which the form of molecular necrosis above alluded to has been present in any individual case. The suppurating syphilitic sore gradually increases during a certain period, then remains stationary, and finally heals. This latter process is indicated by the base of the sore becoming clean and covered by red granulations, by the red areola which surrounded it becoming fainter, and by the edges of the wound gradually losing their prominence.

Such is a description of the typical form of chancre; but this may be modified by various accidental causes, of which the following are some of the most important:—

1. If the specific pustule be destroyed by the application of caustic within the first five days of its existence, a simple ulcer alone will remain. This will then have none of the characters of the specific disease.

2. When a chancre during its progress meets with tissues of different natures, or when folds of the same texture are involved, its shape and appearance may be thereby modified.

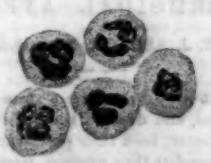
3. Should the specific inflammation extend to the areolar tissue, a certain amount of inflammatory exudation will take place. This will produce an induration at the base of the chancre, which will sometimes very much resemble the induration which generally accompanies the infecting chancre, and which will be particularly described in the next lecture. The induration which surrounds the suppurating form of the disease is generally characterized by gradually fading towards the circumference to the consistency of the surrounding parts. When this inflammatory exudation, however, in its progress meets with a different kind of tissue, it may terminate quite abruptly, and then it may be impossible to distinguish by the touch alone this kind of induration from that of the chancre which infects a patient's constitution. The character of the secretion of the sore, or its inoculability on the same patient, or the history of the case, must then be relied upon to distinguish the disease.

CASE.—A patient, who considered himself well informed upon the subject of the characters of an infecting sore, presented himself in March, 1859. He had a sore on the right side of the frænum, which spread ultimately for about three-quarters of an inch along the urethra. As the sore extended, it became surrounded by considerable induration, and this, as it approached the urethra, terminated quite abruptly. It was then impossible to distinguish this induration from that which accompanies an indurated infecting sore, and the patient believed that his affection presented all the characters of a true Hunterian chancre. The history of the case and the character of the secretion furnished, however, different testimony; and the patient was prevailed upon, not without very considerable difficulty, to be treated for a local affection. I ventured to assure him that his constitution would not be affected; and I had the satisfaction of seeing him on the 5th of November, 1860, and again on the 21st of February, 1862, without his having been subjected to any constitutional treatment, and without his having had any constitutional disease.

The primary suppurating syphilitic sore which is accompanied by the induration above referred to, has been named the *phlegmonoid* variety.

4. The most remarkable accidental circumstance which modifies the course of a suppurating chancre is the absorption by the lymphatic vessels of a portion of the affected tissues, or of the secretion which they have produced.

Lymphatic absorption of the product of a suppurating syphilitic sore affords the same evidence of the nature of that sore as does artificial inoculation. The secretion transferred to another part is followed by the same effect, whether artificially conveyed by the point of a lancet or by the natural process of lymphatic absorption. In either case, where the seed takes root, there will it germinate and produce its natural consequence. The morbid process which ensues terminates surely, and without any period of incubation (in the ordinary acceptation of the term), in the formation of a small quantity of matter which always has peculiar properties. This matter is *pus*, and pus which has the property of always reproducing its specific action when again applied to another part of the same body, or when inoculated upon another person. This pus is therefore called *specific*. To the naked eye and to the microscope it presents all the characters of ordinary pus; but it has, in addition, its specific qualities, which are known only by their effects. But even to the naked eye and to the microscope this secretion of the suppurative form of syphilis has characters which distinguish it from the secretion of the indurated sore, or of the infecting form of syphilis. It consists of well-formed pus; and each globule is of nearly the same size, and distinct from the rest. If, in any doubtful case, some of the secretion from a sore be mixed with a little dilute acetic acid and placed under the microscope, the distinctive characters of the pus-nuclei will be seen, as represented in the accompanying woodcut. The appearances produced are quite distinct from those which are afforded by the secretion from an infecting sore treated in the same manner, as will be more fully shown in the next lecture.



Microscopic appearance of secretion from a suppurating syphilitic sore treated with dilute acetic acid, × 700.

When this specific pus has produced its natural effect either in a lymphatic vessel or in a lymphatic gland, the fresh portion of pus thus generated produces a fresh specific irritation, and this irritation produces an abscess, which, breaking externally, discharges its contents. In such a case the matter in the interior of the gland or lymphatic vessel constantly retains its specific characters; but that which during the process of suppuration is formed outside the vessel or gland is ordinary non-specific pus. As the disease advances, these two secretions may be mixed together, and then the whole may acquire the characters of the specific fluid, and the surface of the whole sore may furnish a specific secretion.

Lymphatic absorption from a suppurating lymphatic sore then necessarily produces a suppurating bubo. Any attempt to prevent such an affection from suppurating is entirely futile. The disease within the lymphatic system is the same, and runs a similar course as upon the surface of the body.

The disease now described is not beneficially influenced by mercurial treatment; and inasmuch as it has no tendency when left to itself to infect a patient's constitution, any mercurial treatment in order to prevent such an infection is entirely superfluous. The suppurating syphilitic sore will sometimes be tedious in healing, and a variety of applications may be tried sometimes without producing any apparent effect upon the course of the disease. In a case lately under my own care at St. George's Hospital, a sore of this nature lasted four months, apparently little influenced by treatment; but the patient at the end of that time made a very good recovery, and now remains well without having taken any mercury.

The suppurating syphilitic sore has been often repeatedly inoculated for the supposed purpose of producing what has been termed *syphilization*. But inasmuch as the disease, however often repeated, remains a local one still, no constitutional or permanent effect can be produced in this way; still less can any condition of the system be produced which would render it insusceptible to the infecting form of the disease. It must, however, be admitted that when a patient has already constitutional syphilis, the symptoms which have developed themselves will often disappear under this so-called syphilization. It is principally efficacious in diseases of the skin, and these are probably removed, under the circumstances, in consequence of a kind of counter-irritation produced by the repeated inoculation of the syphilitic matter and suppuration of the inoculated points.

One very important and interesting fact remains to be noticed with regard to the so-called syphilization—viz., that after repeated inoculations have been made on a part, that part becomes less and less susceptible to the influence of the poison, and a time arrives at which the inoculations will cease to secrete pus, and then they will no longer be inoculable. If fresh matter, however, be used, the inoculations will again succeed; but these will gradually lose their effect as at first. This process may be repeated until a part is no longer susceptible to any inoculation from the secretion of a suppurating syphilitic sore. But then a fresh part may be inoculated, and the same process repeated. Under this mode of treatment it is said that a time ultimately arrives at which no further inoculation can be effected from a suppurating sore upon any part of the body. Even then, however, after the lapse of a certain interval, the suppurating syphilitic sore may again be communicated, but always without imparting any constitutional or syphilitic taint to the patient.

OBSERVATIONS
ON THE
PATHOLOGY AND TREATMENT
OF
HÆMORRHOIDAL AFFECTIONS.

BY T. J. ASHTON, ESQ., M.R.C.S.

HÆMORRHOIDAL AFFECTIONS are a class of diseases which acquire importance, and demand the attention and consideration of the practitioner, from their prevalence, from the suffering and great discomfort they produce, from their effect on the constitution when they have existed any length of time, and from the great benefit and perfect relief resulting from proper treatment. But the existence of many of the erroneous impressions formerly entertained regarding their nature and treatment leads to the conclusion that they have not generally received the requisite attention, and hence an inadequateness of success in their management. Having devoted considerable attention to the subject, and having had much practical experience, I venture to offer the following observations.

As the successful treatment of disease necessarily depends upon a knowledge of its pathology, I will make a few prefatory remarks on the character and structure of the several kinds of tumours called piles or hæmorrhoids. Formerly, and even by recent writers, they were considered varices, and analogous to that condition met with in the spermatic and saphena veins; and as a result, a plan of treatment was adopted alike disappointing to the practitioner and the patient. The veins of the rectum are large, numerous, unprovided with valves, and anastomose freely with those of contiguous organs, and are liable to congestion from various causes, in which state they are readily seen beneath the thin integument and mucous membrane of the anus; and although entering into the composition of some hæmorrhoidal tumours, they do not constitute the disease. External hæmorrhoids consist of the thin integument and cellular tissue of the anal region in a state of inflammation, into which blood is extravasated in consequence of active congestion of the hæmorrhoidal vessels; the blood may be contained in a large central cavity, or several smaller ones may exist. The tumour thus formed is mostly globate, livid in colour, tense and elastic to the touch, and exquisitely painful. On the subsidence of the acute stage, the blood is absorbed, the skin contracts, and no evidence of the disease is left unless the tumour was large, when a pendulous flap of integument remains, prone to inflammatory action and increase of growth. Internal hæmorrhoids present three varieties, differing in structure and in the prominence of some of the symptoms attending hæmorrhoidal affections generally. I shall describe them as briefly as possible in the order of frequency in which they prevail. The first consist of loose folds of mucous membrane, with the submucous cellular tissue hypertrophied, the arterial capillaries abnormally developed and actively congested, the venous radicals being in a like condition. When these tumours are prolapsed, they are seen to be of a bright-red colour, spongy in texture, the surface villous like the conjunctiva in chronic ophthalmia; they readily bleed, the blood being spirted out in fine jets, as if from dilated pores, or oozing from the general surface. Its character is arterial; and I may here mention a curious fact—that those authors who describe hæmorrhoidal tumours as varices, when referring to the hæmorrhage from them, always speak of the blood as being bright in colour, whereas if it issued from dilated and diseased veins, in which the circulation is necessarily much retarded, it would be even much darker than ordinary venous blood. These tumours are usually attached by a broad base near the upper margin of the internal sphincter; sometimes the anal integument is implicated, either from the great size the hæmorrhoidal tumours have attained, or their originating near the external orifice. In the second variety the tumours are more solid, somewhat round or pyriform, with a smooth dull-colour surface. They are attached by a peduncle, and when not prolapsed, lie in the pouch of the rectum, above the internal sphincter. They are composed of mucous membrane, hypertrophied cellular tissue, and veins having their tissues much thickened. Sometimes a portion of these tumours is of the same anatomical structure as those previously described, in which case hæmorrhage from them may occur; otherwise loss of blood does not attend this form of tumour, except in a few cases, when at the period of defecation blood is mechanically squeezed from the adjacent mucous membrane, but does not issue from the tumour itself. The third variety differs essentially from the two preceding, and its character would be more clearly indicated by the term vascular excrescence, it being a florid, excessively vascular, granular condition of a portion of the mucous membrane, seldom exceeding a shilling in size, and generally much smaller. The loss of blood by those affected with it is very considerable, and in all cases that have come under my observation, a large arterial branch has been distinctly felt coursing to it.

Hæmorrhoidal disease is excited by various physiological and pathological causes, several of which may coexist and react one on the other: constipation, sedentary habits, plethora, congestion of the liver and other abdominal viscera, mechanical and pathological obstruction to the venous circulation, and disease in contiguous organs, are among the most frequent. Advice is usually sought on account of some one of the symptoms accompanying hæmorrhoids; it may be hæmorrhage, mucous discharge, prolapse of the tumours, or the constant or recurrent pain to which the patient is subject, and which is not confined to the anal region, but is felt over the sacrum, in the loins, and extending down the course of the sciatic and obturator nerves.

The diagnosis of hæmorrhoids requires some attention; other growths and excrescences occur at the anal region which may be mistaken for them. The radiated folds of integument here situated are apt to take on an increase of growth, and become indurated, in those whose habits are sedentary and who sit much on stuffed seats; they occasion great itching and irritation, and interfere much with the patient's comfort and rest at night. These growths vary in size, sometimes equalling that of a bean; they are often bedewed with moisture, and the surrounding integument is irritated and inflamed. They are distinguished from hæmorrhoids by their growth being gradual, and being unaccompanied by the acute local symptoms and constitutional disturbance attending piles; the tumours themselves are indurated, but their base of attachment, which is usually somewhat constricted, is unaffected. Venereal excrescences may be distinguished by the history of the case, the coexistence of other venereal symptoms, and by the growths being more numerous. These occur more frequently in the female than in the male, and readily yield to an anti-syphilitic course of treatment. The first form of internal hæmorrhoids I have described is mistaken for prolapsus of the rectum—an error of ordinary occurrence with patients themselves. In prolapsus of the whole circumference of the bowel, the nature of the affection is very evident; and the difference between it and hæmorrhoids is well shown in the following engravings, taken from cases occurring in my practice, and typical of the two affections. The form of prolapsus most liable to be confounded with piles consists of the descent of a fold of the mucous membrane on one or both sides; but is distinguishable from them by the broadness of the base of attachment, by our ability to glide the surfaces of the prolapsed bowel on each other, and by the absence of the alterations of turgescence and flaccidity and the constitutional disturbance attending hæmorrhoids. The second variety of hæmorrhoidal tumour I have here indicated is sometimes mistaken for polypus of the rectum, but the converse is more frequently the case. Polypi are gradual in growth, are unaccompanied by the constitutional or local inflammatory symptoms of piles, and in the benign variety of polypi hæmorrhage does not occur, except occasionally on the passage of a bulky and costive stool; their surface is not villous or granular, but smooth and somewhat glistening. With

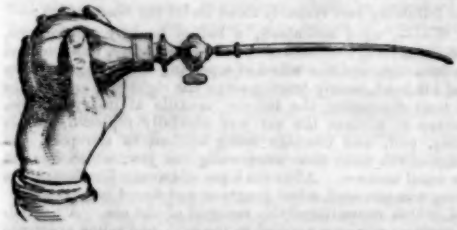
regard to the third description, the only error that can be made is as to the source of hæmorrhage, which a proper examination will readily obviate by disclosing the peculiar condition of the mucous membrane characterizing the affection.

FIG. 1.

FIG. 2.

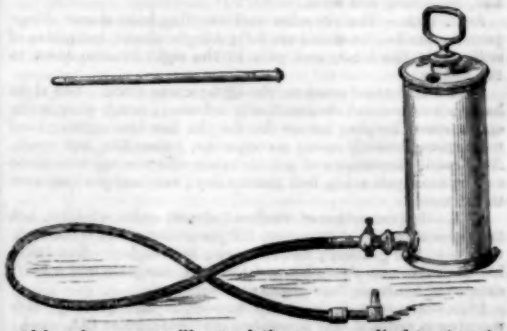
It will be readily seen, from what I have stated with respect to the causes of hæmorrhoids, that the majority of cases have a constitutional origin, although many may depend on an hereditary tendency resulting from a similarity of organization and conformation between offspring and parent. In the earlier stages of these affections, by tracing the local disease to its cause, and by the adoption of suitable medical treatment, a large portion of these cases may be relieved. It is unnecessary for me to point out the means to be employed, they being obvious to every well-informed practitioner. Constipation must be counteracted by those remedies which, while they unload the bowels, will impart to them tone and restore their impaired function; errors of diet must be corrected; bleeding and mucous discharge may be arrested by the use of enemata of cold water, or solutions of various vegetable and mineral astringents, tannic acid being, I think, the best; they should not be alone employed, but contemporaneously with constitutional treatment. The use of enemata, in most affections of the rectum, as well as in many other diseases, is productive of the greatest benefit. There are two points with regard to their use which are most important. Firstly, fully to obtain benefit from them it is necessary that the fluid should be thrown up the bowel some six or seven inches; this is readily effected by having the instrument provided with an elastic jet, which can be easily introduced, and is not liable to injure the bowel. Secondly, the time for using the enema. This should be after defecating, as it then more readily acts on the tissues of the intestine, stimulating muscular contraction, whereby the bowel is more perfectly emptied, the bloodvessels constringed, and nervous irritation allayed. The amount of fluid used should not exceed ten or twelve ounces. From their simplicity and convenience, the instruments which are here illustrated are

FIG. 3.



better adapted for the purpose than any others, no basin being required for either, as with the various kinds of pumps. The one (Fig. 3) is an indiarubber bottle provided with a stopcock; the other (Fig. 4) is a brass cylindrical reservoir fitted with a piston, and is the more convenient instrument of the two for females and elderly persons. They are both provided with an elastic jet, which is readily connected and disconnected by being made to plug on, and this arrangement greatly facilitates its introduction into the bowel. It is recommended by those entertaining the idea that hæmorrhoids are varices, to make pressure on them by introducing into the rectum a bougie or tallow candle, and allowing it to remain for an hour or more. But, even supposing their pathological notions to be correct, it is familiar to everyone who has had to treat varices of the leg or other external parts, that pressure is beneficial only so long as it is continuously and equably applied; therefore what good will possibly result when neither of these objects can be effected?

FIG. 4.



Although success will attend the proper medical treatment of many cases, we meet with others in which, even after the removal of the cause originating them, it will be of little avail; and either from the time the local disease has existed, the size of the tumour, or other reasons, the patient continues to suffer, and it becomes necessary to interfere surgically. External hæmorrhoids, in the acute stage of the first attacks, will mostly yield to mild antiphlogistic treatment, in addition to fomentations and poultices applied locally; but if the tumours are large and tense, and very painful, they should be freely divided with a small, curved bistoury, the direction of the incision radiating from the centre of the anus. By this slight procedure the patient is saved much suffering and is sooner convalescent the contained blood is evacuated, and the skin contracts to its normal condition. When, from neglect of these means, and after repeated attacks, folds of integument remain and have increased in size and density by a low inflammatory action, they occasion to the patient much annoyance, and it becomes very advisable they should be removed. Excision is the only proper means to be adopted, and is a safe and ready proceeding. Scissors are generally used for this purpose, but are objectionable, as, when the tumours are large and dense, they slip between the blades, and two or three cuts have to be made before their ablation is effected, causing considerable pain to the patient. I use a small probe-pointed knife, with which the operation can be better and more easily performed. The position most comfortable to the patient is resting on his side on a couch or bed, with the nates projecting over the edge. An assistant raising the buttock, the surgeon takes hold of the tumour with a pair of forceps, and, if small, removes it with one stroke of the knife; but, if large, it will be better to include it in two elliptical incisions, as the edges of the wound are thereby more readily approximated. If there are several tumours, those on the lower margin of the anus must be removed first, so that the bleeding may not interfere with the removal of the others. There are two points I wish specially to mention, and they equally appertain to all operations implicating the integument of the margin of the anus. The first is, not to remove more of this tissue than is absolutely necessary, for none but those who suffer and those who have witnessed those sufferings can imagine the misery occasioned by the contraction of the anus from its improper removal; the second is, never to include any portion of the skin in a ligature, or excessive and unnecessary pain will be occasioned.

(To be concluded.)

REPORT OF CASES
OF
CEREBRAL RHEUMATIC DISORDER.

BY C. HANDFIELD JONES, M.B., F.R.S.,
PHYSICIAN TO ST. MARY'S HOSPITAL.

CASE 1.—T——, aged about thirty, a lady's maid, was seen on the 10th of September last. She has had a rather bad sore-throat, which is now well. For four days she has had swelling and purpuric eruption on the right leg, and for the last day or

two on the right elbow. The leg is much swollen, rather hot, and very tender. No deprivation of vegetables; marked debility; tongue rather coated; appetite tolerable; bowels open; pulse feeble. The eruption on the elbow came out with a sensation of heat or burning. She was ordered citrate of iron and quinine, chloric ether, and citric acid, three times a day; rest in bed, good diet, and wine.

Sept. 12th.—The eruption and swelling have almost disappeared; bruise-like stains are left; tongue clean; complains of stiffness in the loins, and pain in the right forearm down to the fingers.

14th.—Ate some pears on the 12th; worse since. The right hand is swollen and rheumatically inflamed; much pain in the epigastrium, keeping her awake for the last two nights; local tenderness; bowels open; no appetite; pulse 120, not weak. Nitre with bicarbonate of potash taken effervescing with citric and hydrocyanic acids, four times a day; mustard poultice over the stomach.

17th.—Inflammation of the hand almost quite subsided, but the pulse is quick—110 to-day, 120 yesterday. She is feverish, very low, and grumpy; bowels open; bad nights. She takes her medicine every two hours. Calomel, one grain and a half; extract of henbane, four grains: at bed-time.

18th.—She was delirious all last night and evening; this morning is rational, but somewhat confused; pulse 135, weak; heart's sounds sharp, but no abnormal bruit—endo or exo-cardial; tongue coated as before; complains of stiffness of the arms and legs, but there is no inflammation or swelling. To have a mixture of one ounce of acetate of ammonia and three grains of carbonate of ammonia, every four hours; half an ounce of brandy directly; broth diet and beef-tea.

19th.—Last night she was very feverish and thirsty; no delirium, but not much sleep in the night; great pain complained of in the upper part of the right arm, but there is no appearance of inflammation; heart's sounds normal; good breathing in all the posterior parts of the lungs; urine alkaline, and deposits a sediment containing some casts.

It would be tedious to detail the further progress of this case, which exhibited very markedly the shifting, variable character of subacute, asthenic rheumatism. The patient improved very gradually, and was not discharged till about the beginning of November.

CASE 2.—E. D——, aged thirty-three, a female servant, was admitted on the 13th of March. She suffered from rheumatism sixteen years ago; was attacked a week or ten days since with pain in her foot, which extended to the knee; has now pain in the knees, arm, and shoulder—worse at night; great perspiration; first sound of the heart prolonged; wanders and talks incoherently; bowels regular. Eight leeches to be applied to the præcordia. To have one grain of calomel and two grains of Dover's powder, every four hours; one scruple of bicarbonate of potash to an ounce of water, every three hours; senna draught immediately.

March 14th.—Still incoherent; right hand swollen, red, and very painful. Apply one leech. To take half a grain of extract of opium and three grains of calomel pill, at bedtime.

16th.—Had a pretty good night with five grains of compound soap pill; can with difficulty be made to answer questions rationally.

17th.—Face red; covered with perspiration; wanders; soft systolic bruit—loudest at the junction of the third rib with the sternum.

18th.—Pulse 102; is still delirious; thinks her head as big as a bed-post; strives to think, but cannot make out what she wants to think about; wakes up from dozing in a fright.

19th.—Somewhat quieter; answers questions more readily; passes her urine in bed; pulse 92; double bruit heard below and a little to the left of the nipple. Ordered, carbonate of ammonia, five grains; spirit of nitrous ether, twenty minims; camphor mixture, one ounce; every four hours.

21st.—Had a better night; answers questions more readily; tongue clean; is tranquil, but still stuporous; puts her tongue out after being repeatedly desired; sounds of heart clear at the base; pupils equal; head rather hot.

24th—Quiet nights since the 22nd; is quite sensible, but answers slowly; face flushed; pulse soft, quick. Takes bark instead of camphor mixture.

27th.—The left hand very markedly affected by rheumatism this morning. To take a scruple of bicarbonate of potash, every four hours. This was continued till April 21st, when she was quite convalescent.

CASE 3.—Mr. L——, aged about twenty-five, of delicate appearance, seen Dec. 13th. Ill about ten days, suffering with rheumatic pain, and recently with pain in the epigastrium, and flatulence, which has been relieved by leeches. Has now pain on both sides of chest, chiefly on left. Signs of pleuro-pneumonia of both posterior bases, most marked and extensive on the right. Respiration very quick and shallow, 60 in the minute; pulse 108, weak; skin cool; no cough; no expectoration; extreme thirst; tongue thickly coated upon a red surface; some diarrhœa from castor oil, given for constipation; urine free. An effervescing citrate of potash draught, with six minims of tincture of opium, a grain and a half of iodide of potassium, and three minims of chloric ether, every four or six hours; a grain of opium directly.

14th.—Slept well last night; respiration 30; pulse and chest signs the same. Enjoys his brandy-and-water and beef-tea.

15th.—In the middle of the night the attendant practitioner was sent for, as the patient had become "raving mad." A dose of five grains of calomel and one of opium was given, and in the course of two hours repeated. In the middle of the day following, when he called, he found the patient quite rational, and better than he had yet been. From this time convalescence went on steadily, a generous diet being allowed, and bark and ammonia administered.

Remarks.—The chief point for notice in these cases is the supervention of delirium in rheumatic patients, under conditions of system evidently betokening debility. The treatment employed and the progress of the cases show plainly that this delirium was not the result of inflammatory action. It seems that the debility of the cerebral structure in such instances is as material a "moment" in the disorder as the supposed poison in the blood. We know very well that a strong and previously healthy individual may have rheumatic fever severely without being affected with delirium. The robuster organ tolerates that which the feebler and therefore more mobile cannot. Successful management of these cases must aim not so much at the elimination of the poison as at sustaining the failing power. It is scarcely necessary to remark that the class of cases just referred to must be carefully discriminated from those in which the delirium is connected with grave visceral inflammation.

Green-street, Park-lane, March, 1862.

REPORT OF A

CASE OF TRAUMATIC TETANUS.

By S. CARTWRIGHT REED, Esq., M.R.C.S.,
SURGEON TO THE WESTERN CITY DISPENSARY.

ALTHOUGH considerable toil and attention have been given to tetanus, yet little is known of this disease. It is one of those serious affections to which the human frame is liable, stealing on the patient when his friends consider he is favourably progressing, and almost invariably terminating fatally. Owing to its pathological obscurity, and its usual obstinacy in resisting all treatment, it is desirable that the particulars of every case in which success has crowned the efforts of the surgeon should be made known to the profession.

The following case recently came under my observation:—

R. W——, aged seventeen, a lad of healthy appearance, whilst attempting to cross a crowded thoroughfare, was knocked down by a cart, and the wheel of a passing omnibus grazed the side of his head, nearly tearing away the right ear, and at the same time fracturing the inferior maxilla at its symphysis. By means of sutures the ear was carefully replaced, simple dressing, pad, and bandage being applied to the part, the bandage at the same time supporting the jaw, which was set in the usual manner. After the lapse of twenty four hours, the dressing was removed, when gangrene was found to have supervened, which necessitated the removal of the ear. A linseed-meal poultice was now applied to the part, and saline aperients administered internally.

On the third day the wound looked very unhealthy, the discharge being extremely offensive. The boy complained of stiffness about the neck, and experienced great difficulty in opening his mouth; this, of course, was partially accounted for by the jaw being fractured, and the contused state of the side of the head and face. The muscles on the left side of the neck were observed to be slightly more tense than those of the right (the injured side); his countenance presented a peculiar smile; deglutition was performed with difficulty; the bowels were constipated; pulse full, quick, and irregular; the wound was extremely painful, even the application of the poultice

causing him to shudder. To have an aperient draught immediately; crushed linseed poultice, with a drachm of opium powder, applied to the wound; and half a drachm of tincture of opium to be taken at night.

Fourth day.—The draught was not given last night, owing to the decided effect produced by the opium in the poultice. The patient is somewhat refreshed, but the jaw is quite closed; the muscles of the neck (more especially the sterno mastoid) as well as the abdominal muscles are extremely rigid, the latter feeling like boards; deglutition can hardly be accomplished; the smile has given place to a grin; the bowels have been freely relieved. Belladonna mixed with glycerine was substituted for the poultice; and one grain of opium powder with two grains of mercury given at night.

On the following day the patient was enabled to swallow with less difficulty, the other symptoms remaining as before. Mercurial ointment and belladonna were ordered to be put to the wound, which now assumed a more healthy appearance; the calomel and opium repeated at bedtime.

After the sixth day the tetanic spasm gradually disappeared, and the boy rapidly recovered. He is now enjoying excellent health. The absence of the external ear does not apparently affect his power of hearing.

The chief points in this case, with reference to the treatment, are—first, the active aperients, which seemed greatly to relieve the patient; secondly, the steady and continued application, first of opium, then of belladonna combined with mercurial ointment, which allayed the irritability of the wound; thirdly, the opium at bedtime, first alone and then with calomel, the latter being continued (as also the mercurial ointment) until the gums were slightly affected.

Bloomsbury-square, March, 1862.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed., et Caus. Morb.*, lib. 14. Proœmium.

GUY'S HOSPITAL.

CASES OF VESICO-VAGINAL FISTULA; OPERATION AND RECOVERY.

(Under the care of Mr. THOS. BRYANT.)

MR. BRYANT in November of last year brought before the notice of the London Medical Society a paper on this subject, and also an improved instrument which he described as a "pronged guide." Its object was to ensure to a certainty the free incision of the whole margin of the fistulous opening, and also to secure perfect accuracy in the width, length, and evenness of the incision. This portion of the operation all surgeons are well aware is the most difficult, and the following cases (the notes of which were taken by Mr. Stanper) appear to justify the opinion that the means employed were most adequate and of great value.

CASE 1.—Esther H——, a married woman, aged forty, was sent up to Guy's Hospital from Wales by Dr. E. Lloyd for operative relief. She was a healthy woman, and had given birth to seven children, the last being a year and a half old. The presentation was a cross one, and evisceration of the child was required after labour had existed eighty-four hours. Two weeks subsequently, she first observed that her urine came through the vagina, and since that period none had passed the right way. On making a careful examination, an enormous fissure was detected in the upper part of the vagina, readily admitting three fingers into the bladder, the neck of the uterus forming its upper boundary; the parts were, however, soft and healthy. The extreme size of the fistula, and the fact that the uterus formed part of its walls, were points which appeared to militate much against a successful result to any operative measure. Nevertheless, upon the strong recommendation of Drs. Oldham and Hicks, Mr. Bryant was induced to undertake the operation, with the hope that some benefit at least might be conferred upon the patient, even should repeated operations be required.

On May 8th, with the patient turned two-thirds over upon her abdomen, and under the influence of chloroform, the operation was performed. A free section of the edges of the fistula was made, (this part of the operation having been considerably simplified by the use of the "pronged guide,") three metal sutures were inserted some lines from the margin of the wound, one of which being passed through the neck of the uterus, and Bozeman's splint applied. A catheter was then passed and left in the bladder, and a grain of opium ordered twice a day. Everything appeared to be going on well till the fifth day, when the patient, fancying that her bowels should be relieved, strained violently, this straining being accompanied with a gush of urine from the vagina, and expulsion of the catheter from the bladder. The latter, however, was reintroduced, and the next day the whole of the urine appeared to pass through that channel.

Under these circumstances, it was not thought necessary to make any vaginal examination, fearing that such might again disturb the parts. The next night the catheter became stopped up; and in the morning at least ten ounces of urine were drawn off. This fact was satisfactory, as it clearly indicated a complete closure of the wound. The bladder also resisted the presence of the catheter. This was accordingly removed, and the urine was ordered to be drawn off at short intervals. From this date everything went on well. On the seventh day an elastic catheter was passed, and ten ounces of urine were withdrawn.

On the twelfth day after the operation, and seventh after the expulsion of the urine through the vagina, a careful examination was made, when the splints and sutures appeared to be firmly in position, and the tissues were free from all signs of inflammation. No indications of the passage of urine through the fistula could be detected. It was, however, deemed desirable to leave things as they were for a few days longer, as only seven days had expired since the urine had passed through the fistula.

On the fourteenth day after the operation the splint was removed, when the satisfactory result was proved that a perfect cure had been obtained. The edges were beautifully in apposition, and looked quite healthy, cicatrization having been nearly perfected. The bladder could retain half a pint of urine without inconvenience, and the vagina was as dry as natural.

The patient remained in the hospital another fortnight, and returned home cured. She has since been heard of, and the cure is still perfect.

CASE 2.—Mary H——, aged twenty-three, was admitted into the above hospital on April 3rd, 1861. She was a married woman, and had given birth to five children, four of whom were still-born. The last confinement had taken place one year ago, and the presentation was a footling. Since that period her urine has passed freely from a fistulous opening in the bladder through the vagina. She had been operated upon twice previously, six and three months respectively prior to her admission, by a surgeon of great skill; both operations having been spoiled by profuse secondary hæmorrhage into the bladder, and rupture of the parts. When admitted, a careful examination was made, and a fistulous opening into the bladder, large enough to admit the finger, was observed high up; the edges were healthy, but the vagina at this spot was somewhat contracted.

On May 1st, with the patient turned two-thirds over on to her abdomen, and under the influence of chloroform, Mr. Bryant freely pared the edges of the fistula, using the "pronged guide;" three metallic sutures were introduced, and Mr. B. Brown's movable splints applied. A catheter was passed, and fixed in the bladder, and a grain of opium ordered to be given every six hours. Everything progressed favourably, and on the eleventh day the splints and sutures were removed, perfect cicatrization having taken place.

The bladder remained somewhat irritable after this date, and continued so when the patient left the hospital on May 30th, although in this respect, under the influence of tonics, she was gradually improving. She left to go abroad with her husband, who was a soldier.

The two cases just detailed must be regarded as most satisfactory. In the first, the fistula was very extensive, even involving the neck of the uterus; in the second, two operations had been previously performed with care, and both had failed. The success which had attended the operations in both in-

stances, Mr. Bryant unhesitatingly attributed to the cleanness of the incision which he was enabled to make by the use of the "pronged guide,"* a full account and description of which will be seen in the "Transactions of the Medical Society of London" for the present session. This point of the cleanness and accuracy of the incision is one which cannot be too highly appreciated. Mr. Bryant believes it to be the chief point in the operation, as well as the most difficult, and any means which can insure or simplify the attainment of this end must be hailed with satisfaction.

GREAT NORTHERN HOSPITAL.

CASE OF SEVERE CONTUSION OF THE INTESTINES FROM BEING SUDDENLY SQUEEZED BETWEEN THE BUFFERS OF TWO RAILWAY TRUCKS; RECOVERY.

(Under the care of Mr. LAWSON.)

IN the treatment of injuries of the abdomen, or of the parts contained within the abdominal cavity, rest is the chief element. Not only should the patient be maintained in the horizontal position, but the intestines, or whatever organ within we may suspect to have been damaged, should be kept, as far as possible, in a state of repose. The often absolute impossibility of being able to determine whether the injury is limited to merely the abdominal walls, or, if not, what viscera are injured, demands that the treatment should be, to a great extent, expectant, and that the remedies should be those which we would employ did we know for certain that some of the parts within had suffered. The patient should be kept strictly in a state of rest, confined to his bed in the horizontal position. The peristaltic action of the bowels should be arrested by opium, and the smallest possible amount of food should be given, particularly if there is any tendency on the part of the patient to sickness. Hot poppy or belladonna fomentations to the abdomen, and the application of leeches to any painful spot, will often afford great relief. A little milk with lime water, or egg beat up with milk and brandy, may, if the patient can retain it, be given in teaspoonfuls at a time, with ice; but for the first few days after an injury to the abdomen, as little work as possible should be thrown upon the intestinal canal. The lower bowel may from time to time be relieved by small enemata, but the upper part of the intestinal canal should be kept perfectly quiet.

J. W——, aged forty-one, was admitted into the above hospital on the morning of Jan. 29th, having just previously been suddenly and severely squeezed between the buffers of two railway trucks. At the time of the accident he was working on the Great Northern Railway, connecting trucks filled with manure. While thus engaged, one truck, which contained about eight tons of manure, came down the incline at the rate, he says, of between five and six miles an hour, and, in his endeavour to jump out of the way, he was caught between the buffers.

On his admission into the hospital, he was in a state of great collapse; the surface cold, pulse small and feeble. As he rallied, he complained of severe pain in the loins and around the belly, of difficulty of breathing, and sickness. No fracture of the ribs could be detected. The buffers appear to have caught him in the abdomen, and to have just escaped the ribs. He passed urine freely about six hours after his admission, and his lower bowel was relieved by an enema.

On the following morning (June 30th) he was seen by Mr. Lawson. He complained of great pain in the belly, which was distended, tympanitic, and discoloured from the contusion, especially towards the right side, where he suffered the greatest pain. He was constantly sick, vomiting even the smallest quantity of food. The urine clear and normal. Ordered half a grain of gum of opium every three hours; to keep up hot fomentations to the abdomen, and to take milk and lime-water in small quantities, with ice, as his only food.

Feb. 2nd.—Much the same. Still very sick, and the abdomen more distended. As he is unable to take the milk and lime-water, to have a mixture of egg, milk, and brandy in teaspoonful quantities at a time with ice. To continue the opium and repeat the enema.

5th.—He has taken his nourishment much better, but only in the prescribed quantities. He still complains of constant nausea, and of great pain in the right side, and distension of the bowels. The abdomen is like a drum, immensely distended, and tympanitic. Ordered eight leeches over the most painful part, to increase the opium to a grain every two hours, and to repeat the enema, with the addition of a drachm and a half of confection of rue. The enemas afford him great relief, as although little or no feculent matter comes away, yet the return of the liquid is accompanied with a great discharge of flatus, and his belly for a time is much softer.

This treatment was steadily persevered in until Feb. 10th, the interval between the doses of the opium being occasionally increased when he became too much under its influence, or began to wander. He gradually improved, the pain diminishing, his breathing becoming easier, and his abdomen less tympanitic, and on the following morning his bowels without any purgative were freely opened.

From this time he rapidly improved, and in a few days was discharged from the hospital well.

* This instrument may be had of Mr. Millikin, St. Thomas's-street.

CENTRAL LONDON OPETHALMIC HOSPITAL.

OPERATIONS OF SOLUTION AND EXTRACTION IN THE TREATMENT OF CASES OF HARD CATARACT IN A CERTAIN CONDITION OF THE EYE.

(Under the care of Mr. HAYNES WALTON.)

SYSTEMATIC works on diseases of the eye describe three operations for cataract—extraction, depression, and solution; but depression is less resorted to than the two others, especially in London practice; and some surgeons, among whom is Mr. Walton, never resort to it at all, because at best it is but a make-shift, and is attended with the greatest risk to the eye. A hard cataract is extracted because the acquired density demands the entire removal of the body. When a cataract is soft—that is, when the crystalline lens is not firmer than natural, but, what is more common, is of less consistency—by a process of breaking down, and very little disturbance of the degenerated mass, particularly if the aqueous humour be admitted by the rupture of the capsule, as in the operation for solution, the lens tissue, or whatever remains of it, together with the new products, oil, sometimes cholesterine, &c., get absorbed. But in hard cataract a practical mechanical difficulty may interfere with extraction, to illustrate which and to show how to overcome it is the object of the present report.

A female, aged fifty-two, was admitted a patient at the hospital with double hard cataract, incipient in one eye and far advanced in the other. They pressed forward so much as apparently to meet the cornea. The ordinary operation for extraction was out of the question, except the iris were much wounded and a large portion cut off. According to Mr. Walton, the more extended an operation, or the greater the magnitude of it, and the more numerous the tissues excised, the greater the severity, and also the peril to the eye; and as regards the function of the organ, till the proposition can be overthrown, that a healthy acting iris with a central pupil is better and gives more perfect vision than a paralysed muscle with a displaced, fixed, and irregular aperture, the integrity of the eye must be respected and maintained to the utmost.

The operation for solution was performed on the most advanced eye with all the care and caution that the circumstances of the case demanded, and the process repeated. The effect was all that could be desired; the surface of the cataract was absorbed, while the centre remained *in situ*, there being no dislocation.

Although the pupil was as much obscured as ever, the reduction in the cataract bulk caused the iris to fall back, and a good-sized anterior chamber resulted, affording ample room for the passage of the cataract-knife. Mr. Walton now performed the operation of extraction as usual, except that the curette was not used, because the lens-capsule had been sufficiently lacerated by the previous operations. Nothing unfavourable happened; the iris was not touched.

The extracted nucleus showed all the characteristics of the centre of a hard cataract, being very dense and dry. It is this state which resists the process of absorption. The irritation occasioned by the escape of a hard nucleus into either of the chambers of the eye is very great, and frequently causes destructive inflammation.

The eye was opened in a week: the cornea had united; the pupil was central, clear, and round, and the sight excellent.

It is just thirty years since Mr. Tyrrell suggested the double operation in such instances as the above. He advised that the absorption be allowed to proceed till the bulk of the lens is sufficiently reduced to afford space for extraction. But this proceeding has never received support, and has not even been alluded to by some authors. We understand from Mr. Walton that he has frequently practised it with the best results; from whom also we learn that where this bulging coexists with hard cataract, the lens-surface has for the most part undergone softening—a destructive process which may ultimately end in fluidity. Is the bulging of the iris due to any peculiarity in the cataract itself? Mr. Walton says it is not. He has seen the iris preternaturally forward after the cataract had been removed, and in one instance of soft cataract its very prominent position was never altered. In reference to this subject, he says further, in his work on the Surgical Diseases of the Eye (2nd edit., p. 511),—"It has been supposed that soft cataracts increase in size; and indication of it is afforded in smallness of the posterior chamber. This is really no proof, as changes in the posterior part of the eye, especially preternatural vascularity of the ciliary apparatus, may throw the cataract forward, and even more or less destroy the anterior chamber: besides, this could not take place except the capsule enlarges—a very unlikely occurrence."

WESTMINSTER GENERAL DISPENSARY.

FIBROUS TUMOUR OVER THE CAROTID ARTERY; SUCCESSFUL REMOVAL.

(Under the care of Mr. MIDDLEMIST.)

J. E——, aged sixteen, a healthy-looking lad, employed in a printing-office. About five years ago, he first noticed a small, hard lump on the left side of his neck. This gradually increased in size, but much more rapidly within the last ten months. It has never caused him any pain.

On admission, there was a tumour, the size of an egg, situated about an inch below the angle of the jaw, on the left side, over the anterior border of the sterno-mastoid muscle. It was firm, hard, and smooth all over, slightly movable, and the skin over it not adherent. It was raised up with each pulsation of the carotid artery.

Feb. 18th.—Having been placed under the influence of chloroform, Mr. Middlemist made an incision, about two inches in length, over the tumour, cutting through the fibres of the platysma and the anterior layer of the deep cervical fascia, which formed a dense investment all round it. With a few more touches of the knife the mass was removed, but great care had to be exercised on reaching the under surface of the tumour, as it was found to lie upon the sheath of the carotid artery, the pulsation of which could be distinctly felt on passing the finger into the wound. The hæmorrhage was very slight, only two vessels requiring ligature. The wound was closed by a couple of sutures. An examination of the tumour showed it to be of a fibrous character.

22nd.—Sutures removed.

28th.—First ligature came away.

March 4th.—Second ligature came away; wound healing well.

11th.—Wound entirely healed.

WEST LONDON HOSPITAL.

HYSTERIA; WILFUL SELF-INFLICTION OF INJURY.

(Under the care of Mr. ERNEST HART.)

THE records of surgery include many remarkable cases in which patients suffering under a morbid and commonly hysterical condition have inflicted various injuries on themselves, with the view of exciting the sympathy of their friends, and of deceiving their surgeons. These cases are to be distinguished from malingering as practised amongst soldiers, sailors, and others, who hope by such practices to obtain immunity from labour, or discharge from an irksome service; for in the class of cases to which we allude, the patients do not seem to propose to themselves any tangible benefits, but are apparently led by a senseless desire for sympathy, or a wish to create a sensation.

E. G——, a young girl of good appearance and superior education, recently under the care of Mr. Ernest Hart at the above hospital, exhibited this peculiarity to a singular extent, going so far as to submit with content to have the end of her finger cut off, as the necessary consequence of the injuries which she inflicted on herself, and continuing the same course of concealed self-injury after the operation, with the apparent object of persuading Mr. Hart to remove the whole finger at the metacarpal joint. She first applied with abscess of the extremity of the forefinger, implicating the last joint. Several pieces of needles were extracted by Mr. Hart, and she said that she remembered a needle having broken into the finger. No suspicion was then excited as to her peculiar habit, but there is little doubt that the needles were wilfully introduced and broken into the flesh. Ultimately, the joint being extensively diseased, it was necessary to remove the extremity of the finger. Immediately after the stump had healed healthily, the patient presented herself again, with bleeding points in the course of the cicatrix, the rest of the finger being kept in a bent position, and the patient complained of great pain in all the joints of the finger. The finger was straightened and put on a splint, and oxide-of-zinc ointment applied; but she continued to present herself, the splint being always displaced, the stump bleeding, and the whole finger covered with small excoriations, and presenting a chapped and pseudo-eczematous surface. She complained of great pain in the part, and expressed a wish to have the whole finger removed. At the same time she managed to have several of her teeth extracted, and was taking medicine as a physician's out-patient. Struck with the obstinacy of these somewhat anomalous symptoms, Mr. Hart taxed her with wilfully producing them. This was energetically denied. Mr. Hart then encased the finger in cotton-wool, bandaged it to a splint, and *sealed* the bandages. This plan of preventing access to the finger had the desired effect of restoring it to a perfectly healthy state, and the patient was placed under the special supervision of her friends, and discharged as cured.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, MARCH 25TH.

DR. BABINGTON, PRESIDENT, IN THE CHAIR.

A STATISTICAL INQUIRY INTO THE PREVALENCE OF NUMEROUS CONDITIONS AFFECTING THE CONSTITUTION IN ONE THOUSAND PHTHISICAL PERSONS WHEN IN HEALTH.

BY EDWARD SMITH, M.D., LL.B., F.R.S.,

ASSISTANT-PHYSICIAN TO THE HOSPITAL FOR CONSUMPTION, BROMPTON.

THE author, after some preliminary remarks, described the method which was pursued in the inquiry, and offered an estimation of the trustworthiness and value of the answers which he had recorded. There were 600 male and 400 female cases, all attending at the Hospital for Consumption, and in the stages of marked consolidation or destruction of the lungs. He then quoted the scheme of inquiry proposed to each patient, consisting of 138 queries, and the following is a summary of the facts obtained:—

The average age of the patients was 28·8 years. 30 per cent. had been born in London, 36 per cent. had lived chiefly in London, and 53 per cent. had lived in London during the preceding three years. 8·8 per cent. could not read nor write, and only 14·3 per cent. had been insufficiently nourished.

1. *Parental conditions.*—54 per cent. had lost the father; 46 per cent. the mother; and 28 per cent. had lost both parents. In 25 per cent. only were both parents living. The average age of the parents at death was 50·8 years, with an increased duration of 4·7 years on the part of the fathers. The most frequent age at death was 35 to 55 years; whilst only 11 per cent. died under the age of 35, and some lived upwards of 95 years. 18 per cent. had experienced feeble health before the birth of the patient, and 34 per cent. throughout life. In 22·7 per cent. one or both parents had led unsteady lives. 21·1 per cent. of the parents had died of consumption; whilst in 2·8 per cent. the grandparents, 23·3 per cent. the brothers or sisters, and 9·1 per cent. the uncles or aunts, had died of the same disease. They had suffered from rheumatism in 22 per cent. from asthma in 9·4 per cent., from liver disease and gout in 9· and 7·2 per cent.; and from fevers, ague, insanity, and diabetes in 4 and 5 per cent. Presumed scrofulous affections were extremely rare. In only 6 cases was there consanguinity of the parents.

The age of the parents at the birth of the patient was in half of the cases from 25 years to 35 years; and in only 2 per cent. was it less than 20 years. The number of the children was very large—viz., an average of 7·5 to a family, and in some families there were 23 children. The patient was the first child in 20 per cent.; and the first, second, or third child in half of all the cases. 40 per cent. of the parents' children had died.

2. *Personal conditions.* — In only 23 per cent. were the patients under 20, and a few were 60 years of age. 24 per cent. had been feeble at birth, whilst 22 per cent. had suffered from feeble general health and 17 per cent. from generally defective appetite. In 12·6 per cent. the lungs had been always delicate; 2·5 per cent. had been dry nursed; 25·4 per cent. had perspired with unusual freedom; 25 per cent. had never worn flannel next the skin; and 55 per cent. had suffered from coldness of the extremities. 72·5 per cent. had an excitable temperament; 62·1 per cent. had medium brown, or light-coloured hair; 74 per cent. had grey or blue eyes; 60 per cent. had florid complexions; and 46·7 per cent. had a fleshy habit.

16, 65·4, 60, and 41 per cent. had not had measles, scarlet fever, small-pox, and whooping-cough in their order; and the frequency of any long-continued ill-effects from these diseases was insignificant. 12·8 per cent. had suffered from enlarged glands, and 4·5 per cent. from long-continued affections of the eyes; but otherwise, the evidences of scrofulous disease scarcely existed. 16·7 per cent. had suffered from inflammation of the lungs, and 14·8 per cent. from rheumatism; whilst typhus fever and frequent diarrhœa had occurred in 8 per cent., ague in 5·6 per cent., and liver-disease in 4·3 per cent. of the cases.

The menstrual epoch was at the age of 14 and 15 in 36·4 per cent., and in 11 per cent. only was it before the age of 13; 40 per cent. had complained of general irregularity, and in 29 per cent. the quantity was insufficient. Leucorrhœa was considerable in 42·2 per cent. 43·5 per cent. were married; and of these, 13 per cent. were childless at the period of inquiry. Their average age at the birth of their first child was from 20 to 25 years, and in only 9 per cent. were they under 20 years. The number of children per family was 1 and 2 in 44 per cent., and 1, 2, and 3 in 55 per cent. (the patients' average age was 28·8 years.) 38 per cent. of the children had died, and in 43 per cent. the general state of the health of the children was bad. Abortions had occurred in 46·2 per cent. of the child-bearing married women, and some had suffered eight abortions.

11·6 per cent. of the males had committed sexual abuse; 18·2 per cent. had been addicted to masturbation, and 22 per cent. had suffered from involuntary emissions. 16 per cent. had had syphilis, and 38·5 per cent. gonorrhœa; one on several occasions. 29·6 per cent. had led a bad life at some period, 24·5 per cent. had drunk to excess, and 48 per cent. had smoked tobacco; 19·3 per cent. of both sexes had submitted to late hours, and 22·2 per cent. had suffered much anxiety. In 70 per cent. there was some complaint as to the injurious influence of their occupations, and of those causes, exposure, long hours, close and hot rooms, bending posture, and dust or fumes, were complained of in 32·1, 28·6, 24·4, 20, and 15·8 per cent., in their order. 9 per cent. had taken mercury largely, and 54·4 per cent. had been bled at the arm from 1 to 12 times.

The author then considered some of the most important truths which the inquiry had evoked, and particularly the questions connected with hereditary transmission; the especial liability of the female sex to many of the conditions pointed out, and the state of the system; the diseases, and the effects of the immoralities of life upon the patients. In reference to the greater liability of females over males, it was shown, in reference to parents, that more mothers than fathers had children early, had feeble general health, and had died early. More female than male patients had mothers who died early; had most relatives who had died of phthisis; had parents with one child only; had experienced feeble health and defective appetite throughout life; had had delicacy of the lungs; had married when very young; had feeble children; had lost most children; had suffered from anxiety; had had measles, scarlet fever, and whooping-cough; had not worn flannel next the skin; had a very defective education; were of susceptible temperament; had brown eyes, florid complexion, and fleshy habit, and had suffered from coldness of the extremities.

Dr. WEBSTER considered that the paper was one of very great value. It showed immense labour, and was a most careful collection of facts. It would establish on a firmer basis conclusions which had been previously arrived at. He (Dr. Webster) differed from some of the conclusions. He had thought that in phthisis there were oftener hæmorrhoids than in the proportion in the author's cases. It would appear from the paper that phthisis was not so hereditary as generally supposed. He wished to ask Dr. Smith if he had observed in those cases in which there was a history of hereditary taint that the transmission was especially from the mother to the daughters and from the father to the sons. In lunacy this was a peculiar feature. He was always surprised at the small proportion in which hæmorrhoids had been found in phthisical persons. He considered that Dr. Smith's researches confirmed the view previously held, that persons who had blue eyes were more liable to consumption. He also regarded it as an important fact that nearly one-half of the males were the slaves of tobacco. He would conclude by saying that the paper was a very interesting collection of statistical facts and a good subject for future study.

In reply to Mr. CHAS. HAWKINS, Dr. SMITH said that all the patients had been under care in the Hospital for Consumption, Brompton.

Mr. CHAS. HAWKINS said that this would tend to alter some of the views which might be drawn from the tables in reference to consanguinity. Of the class of persons who go to hospitals, a much smaller number are likely to intermarry than of those of the higher classes. He should like much stronger evidence that the marriage of first cousins does not give rise to phthisis in the offspring. The proportion of phthisical persons in the families of the patients whose cases had been detailed was large, but the proportion of deaths was small. On such points it was often difficult to get exact information from patients. In reference to this, he had generally found the rich patients as remiss as others. He did not attach so much importance to smoking in relation to phthisis as Dr. Webster seemed to do. He was surprised at the small number of cases in which evidence of struma was found. In studying the paper, it should be remembered that the patients were all from one class of society.

Mr. ACTON said that the paper presented points of great interest, and the details of it would no doubt be interesting to those who had paid special attention to certain departments of medical science. For instance, he was much interested in the attention which had been bestowed on that part of the subject which he had especially studied. It was, he believed, the first time that professional observation had been drawn to the question of sexual abuse in relation to phthisis. There were vague notions on this subject before, but in this paper facts had been brought out which would give a firm basis for conclusions on the relation of the two. He believed that marital excess was productive of ill effects not generally supposed. It was, he thought, also the first time that any author had brought forward any definite information as to the influence of masturbation in the development of phthisis. The question of its relation to insanity had been ably treated by Dr. Ritchie. As to seminal emissions, it was well known that persons of irritable temperament—the temperament of phthisis—were more liable to suffer from this annoyance than other persons. Another valuable part of the paper was that correcting the popular error that syphilis has to do with phthisis. It had been a prevalent opinion that prostitutes die of the latter disease. The information supplied by the paper on the little influence of syphilis in the production of phthisis tended to negative this opinion.

Dr. SUTRO wished to mention, in reference to the remarks of Dr. Webster, that in Germany, where hæmorrhoids occur more frequently than in England, the opposite opinion is held—viz., those phthisical patients who are affected with hæmorrhoidal tendencies, or with developed piles, are considered to be in a more favourable condition than others. There is a place of the name of Weilbach, a cold sulphurous spa, especially renowned for the cure of such cases. He remembered a striking instance—a gentleman who had lost his father and brother from phthisis, and who, about five or six years ago, apparently suffered from all the usual symptoms of tuberculosis. He was recommended to resort to the above spa; and, though the accounts sent home the first week of his sojourn were so alarming that his family despaired of seeing him return, he completely recovered. At the place itself he remembered having spoken with a gentleman of position, who had previously suffered from phthisis, and who had been sent by his physicians for several years successively to Ems, a place generally celebrated for its efficacy in this disease, without the slightest benefit. At last he heard of a patient afflicted like himself, and cured at Weilbach. This induced him to try the spa on his own account, and he became likewise cured. The explanation of these favourable results is to be sought for in the circumstance, that sulphur, which acts so favourably in piles, combines with the iron of the effete materials of the blood, and becomes excreted as sulphuret of iron.

Analysis shows a great proportion of this compound in the blackened fæces of the patients whilst taking the water. The circulation of the portal system, becoming thus freed from a great amount of obstructing blood, can more readily receive the accumulated blood of the thoracic viscera, and thus the congestive condition of the lungs diminishes, respiration becomes facilitated, and a more normal condition is induced. Hence, whenever he (Dr. Sutro) was consulted by a phthisical patient, he invariably inquired about hæmorrhoids, and if this ailment was coexistent, he considered the chance of recovery increased.

Dr. GREENHOW said that all would agree to thank Dr. Smith for his valuable communication. He (Dr. Greenhow), however, considered that the statistics of one thousand cases of phthisis must be received merely as an instalment. This number was not large enough from which to draw general laws on the subject of phthisis. Dr. Greenhow spoke of the colour of the eyes and hair in reference to phthisis. We should first, he said, consider the race of people who were the patients at this particular institution. In England there were portions of very different races. In some parts the prevailing colour of the eyes and hair was dark, in others light. He could not help thinking that the external peculiarities of phthisical patients who lived in a locality ought not to be taken as those of phthisical patients generally. In reference to the transmission of phthisis, he believed that it might pass over one generation, and appear again in the next, and though the intermediate generation did not suffer, yet that it transmitted it. He also said that the author's statistics failed to show that peculiarity of hereditary transmission in which the descendants of only one sex were affected with phthisis. Of this Dr. Greenhow gave the following examples, which had come under his own observation:—An old couple, who both survived to the age of eighty years, lost all their sons by phthisis, whilst the daughters escaped. In a second case, in which also both parents survived to an advanced age, the five daughters all died of phthisis, while the sons were exempt. In a third case, six out of seven daughters died of phthisis under thirty years of age; the seventh went to India, where she also died, at the age of forty years; but the only two sons are alive and well. In none of these cases was either parent phthisical; but it was worthy of note that all the three mothers were asthmatical, the fathers being in each case healthy. On consanguinity little had been brought forward. According to the author's tables, in a very small per-centage had there been marriage of consanguinity in the parents. He (Dr. Greenhow) felt convinced, however, that consanguinity was an important element in the production of phthisis, tending to produce degeneration of race; yet that it did not always necessarily produce phthisis was shown by a family history well known to himself (Dr. Greenhow). Such a marriage had taken place three generations back, and yet no case of phthisis had occurred amongst the descendants.

Dr. EDWARD SMITH said that three circumstances were particularly to be borne in mind—namely, the class of the patients, the object of the inquiry, and the application of the facts obtained. There were three classes in the community—the very poor, the rich, and those who had sufficient food and shelter. Of the first extremely few attended the hospital, and the second formed a very inconsiderable section of the community in point of numbers; whilst the third represented the great mass of the people, and were the persons included in his inquiry. The object of the inquiry was not to support any particular views, but simply to ascertain the prevalence of nearly all the circumstances which could influence the condition of phthisical persons. He had not applied his results to the community as a whole, since until similar results could be obtained from other large sections it would be impossible to fully estimate the value of those now given. There was danger in seeking to apply facts more extensively than they warrant, or than the author had intended. Such questions as the sex, age, and temperament of one thousand persons were not adapted to determine the prevalence of phthisis in such conditions, since the basis was not large enough; but whilst unwilling to place impressions by the side of theoretical facts, he believed that the anæsthetic temperament was the prevailing one in this country. As to hæmorrhoids, he had inquired into them in reference to hæmorrhage only as he had done in reference to epistaxis, menorrhagia, and loss in labour. Asthma was commonly believed to be antagonistic to phthisis, but he found the two conditions very frequently conjoined. The relation of struma to phthisis might be different in the cases investigated at children's hospitals or the Margate Infirmary, but the great infrequence of the connexion in the thousand cases representing the adult phthisical population was very striking. He admitted the difficulty of obtaining correct information from patients, but in his cases the patients were intelligent, and the great extent of the inquiry gave an aptitude in reference to the subject which would not otherwise be attainable, if that the nearest possible approach to truth were all that could be desired. He had not made any inquiries as to marital excess in reference to the prevalence of sexual abuse, and he did not think that an investigation was practicable. From what he had already stated as to the class of persons attending the hospital, it would be seen that prostitutes were not included in his inquiries. Dr. Greenhow's observations with respect to the transmission of phthisis to the child whilst the parents remained free could scarcely prove that direct elements of disease were transmitted, but rather that there were general conditions of the constitution and common external causes of disease affecting the children thus afflicted. He did not expect to be able to carry out Dr. Greenhow's suggestion as to further investigations, for, having devoted no inconsiderable part of seven years to the present inquiry, he thought he had fulfilled his share of duty.

MEDICAL SOCIETY OF LONDON.

MR. COULSON, PRESIDENT.

MR. HENRY SMITH read a paper on the

DIFFICULTIES AND DANGERS ATTENDING THE OPERATION OF TRACHEOTOMY.

He commenced by alluding to the great interest which the operation had always excited, and that especially of late years, much more attention having been paid to it in consequence of the more frequent demands for it and the greater success which had followed its performance. The profession were mostly in agreement as to the nature of the cases for which tracheotomy was demanded, and he should therefore not consider this point, but should confine himself to the difficulties and dangers which the surgeon may encounter in the actual performance of the operation. These were due to hæmorrhage, to tumours, to some unnatural conformation of the neck, and to an altered condition of the trachea itself. Hæmorrhage, if not the most serious source of embarrassment, was practically the most formidable to the operator, because it was of such frequent occurrence, and could not always be anticipated. The hæmorrhage in tracheotomy was due to two sources—viz., to the implication of vessels normally situated, and of vessels which took an irregular course. Mr. Smith gave a sketch of the various vessels which, although normally seated, might when gorged with blood pour forth a large quantity of blood when wounded. He then referred to the irregularities of the vessels, both veins and arteries, which are not unfrequently met with in this situation, and, from their close relation to the trachea, are in danger of being wounded, and so seriously embarrass the surgeon and imperil the life of the patient. Cases illustrating these points were mentioned by the author.

The next chief source of difficulty and danger was the existence of swelling in front of the windpipe, caused either by an enlargement of the thyroid gland, or by an œdematous condition of the whole of the tissues of the neck. When either of these conditions obtained, the surgeon might be placed in the most serious embarrassment, and even be compelled to abandon the operation. Mr. Smith referred to one case where the operation proved to be of the most formidable kind in the hands of a very skilful anatomist and surgeon, in consequence of an enlarged and diseased condition of the thyroid gland. He referred also to two cases, where he declined the operation mainly in consequence of the immense œdema of the neck accompanying a low inflammation of the throat.

An accidental conformation of the neck was sometimes a source of great difficulty. Mr. Smith related a case where he was called to an old gentleman, who was short and fat, and had naturally a great stoop. Disease of the larynx came on, and tracheotomy was required; but, in consequence of the conformation of the neck, Mr. Smith was compelled to abandon the idea of tracheotomy, and perform laryngotomy, which was not the operation suited for the disease. In these cases the space in which the surgeon had to work was so limited, that the operation of tracheotomy was a most serious affair.

Ossification of the cartilages of the trachea was another occasional source of difficulty in this operation, and it was one which had scarcely been noticed by any surgical writers. Mr. Smith alluded to two cases of the kind, and stated that in persons of advanced life this condition should always be suspected. Some other sources of difficulty were then mentioned,

such as the great depth at which the trachea lay in some forms of disease, and the naturally plump and short necks in children, together with the small size of the trachea at this age.

The author then discussed the best means of obviating the dangers alluded to, and of facilitating the operation. For the prevention of hæmorrhage much might be done: thus, in order to ascertain whether any large vessels were abnormally placed, a careful examination of the front and sides of the trachea should be made by the finger previous to incision; and by noticing the course of the superficial veins, which are generally much swollen, the surgeon may avoid wounding them, and thus prevent at the very outset of the operation a serious embarrassment. The deeper vessels may be best avoided by a sparing use of the knife, and by the freer use of the fingers and the handle of the knife rather than its point. It had often been a question with the author, whether it were best to operate slowly and cautiously, or to cut rapidly down upon the trachea. He was not quite prepared to say which was the safer method; but after having tried both methods, he was rather inclined to the rapid mode of operating; for although there was a greater probability of wounding vessels, in the majority of cases the bleeding would cease so soon as the tube was introduced. Still, perhaps, unless the surgeon were much in the habit of operating, it would be most prudent to proceed slowly, although, of course, there were circumstances which would of necessity demand its most speedy performance.

When the surgeon met with the other difficulties named, he would have to be guided by the peculiarities of each case; but the impediments were best likely to be overcome by a cool and resolute action on the part of the operator, and by strict attention on the part of the assistants. The difficulties and dangers of tracheotomy might also be sensibly lessened by avoiding particular modes of operating. Thus he condemned the trocar and canula, considering it most unsafe; and related a case where he witnessed a most painful scene when a surgeon of great operative skill was endeavouring to penetrate the trachea with this instrument. He also advised his hearers not to adopt those ingenious contrivances which had of late years been invented for the purpose of opening the trachea, but rather to trust to a simple sharp scalpel wherewith to make all the incisions; and, above all, never to operate, if possible, without making use of a sharp hook for the purpose of steadying and drawing forward the trachea before cutting into it. This instrument had got him and many others out of serious trouble. The management of the tube was very important. He always used the double tube, and mostly that which had the external part made of two movable blades, so that when inserted its point was conical, and was then expanded by the insertion of the inner instrument. Sometimes it became a question whether the tube should not be left out entirely within a day or two after the operation. He narrated a case where this question arose in the instance of a child of a physician to which he had been called. The entire disuse of the tube was followed by the best results.

Dr. GREENHALGH stated that although the author had mentioned a long list of the difficulties attending tracheotomy, he had not alluded to one point which often caused embarrassment to the surgeon,—namely, the swollen and altered condition of the neck caused by the application of leeches and blisters. He (Dr. Greenhalgh) also referred to the value of applying the mouth to the wound in those cases where, after the trachea had been opened, the patient was in danger of dying from the accumulated mucus and blood.

Mr. BAKER BROWN agreed with Mr. Smith entirely as to the difficulties which were occasionally met with in this operation. With reference to the employment of the trocar, after having himself used it in this operation, he could not help saying that he thought it a dangerous instrument, and that great mischief might ensue from its use.

Dr. ROUTH was happy to rise on the present occasion for two reasons: in the first place, to express his satisfaction with the paper, and with the manner in which Mr. Smith had treated a most important subject; and in the second place, to have this public opportunity of thanking Mr. Smith for the services which this gentleman had rendered to him, as he was the physician alluded to in the paper, and the father of the child regarding whose case Mr. Smith's advice was sought in a difficult emergency connected with the employment of the tube. The advice given was followed, and the child happily recovered.

Mr. HULKE stated that there were two anatomical sources of difficulty not mentioned by the author. The one was, the possibility of stripping off the mucous membrane from the inside of the trachea in the attempt to introduce the tube. In the other case, the operator sometimes failed to open the fascia covering the trachea fairly before he made the incision into it, and hence a difficulty might be produced in subsequent proceedings. With regard to the propriety of the rapid or the slow operation, he was inclined to prefer the latter. He knew that Professor Giraldes, who had had a large experience of this proceeding, preferred the slow operation.

Mr. ERNEST HART referred to the rate of mortality after the operation, and stated that statistics had of late years been much more favourable, since attention had been paid to several details connected with the operation. He described a special after-treatment of the wound, which he considered of great importance.

Mr. WILLIAM ADAMS was induced, from his own experience, to prefer the rapid mode of operating. He considered that there was less fear of serious consequences in the hands of a good surgeon, than when the operation was more deliberately undertaken.

The PRESIDENT had done many of these operations, and had often used the trocar and canula. He was very well satisfied with their employment, and did not think their use so dangerous as Mr. Smith supposed.

The author replied.

Reviews and Notices of Books.

Homœopathy, as practised in Manchester, contrasted with its alleged Principles. By WM. ROBERTS, B.A., M.D. Lond., Physician to the Manchester Royal Infirmary, &c. pp. 84. Manchester: Kelly. London: Simpkin and Marshall.

NO DOUBT our readers have had enough of homœopathy; and we are glad to find that the globulists themselves are showing that they have had sufficient of it too. The public generally also, it is now well known, would long ere this have tired of it, had not the game of globulism been artfully sustained by the practice of one of the most ingenious pieces of deceit that even the homœopathic world itself has been capable of conceiving. What this deception and artificial stimulus to the game has been, Dr. Roberts in the present pamphlet admirably exposes; and it is for the sake of drawing attention to this exposure, and thanking the author for his trouble, rather than for any interest associated with this particular phase of quackery, that we again allow these pages to be occupied by the subject.

Dr. Roberts' attention was naturally forcibly struck by the circumstance that a young patient afflicted with epilepsy, and who was under the care of a homœopath, appeared to be actually receiving some benefit from the treatment adopted. Well he might be surprised! However, upon making some inquiries, he discovered that the patient was taking *three grains of the phosphate of zinc three times in the day, and of which drug between seventy and eighty grains had been ordered, in divided doses, to be given to the patient as a batch to begin with!* If this mock practice of a mock science was found to be useful by one homœopath, why might not a brother globulist find it available also? Thus argued Dr. Roberts, at least; and accordingly he set about the disagreeable task of sifting the matter. The result of this investigation proved that the Manchester homœopaths have got heartily sick of Hahnemannism, though only one or two of the "weaker brethren" have dared to avow it. Dr. Roberts shows that infinitesimal doses have been exchanged by them for palpable quantities; that zinc, mercury, arsenic, morphia, colchicum, nux vomica, citrate of quinine and iron, &c., are in daily and extensive employment *in ponderable form;* that "mother tinctures"—i. e., the strong concentrated solutions from which the Hahnemannic medicines are made—are rapidly supplanting the "attenuations A. I. B.," just as the latter have now for some time displaced "infinitesimal attenuations." Within a few months the author collected—the majority from private but some from dispensary patients—sixty-seven prescriptions by the so-called homœopathic practitioners of the town in which he resides. These formulæ

"Present an astounding range of dose—from the full, indeed

overfull, dose of ordinary practice, to the heights serene of the sixth dilution (a million-millionth.) By far the greater number, however, are within reach of easy comprehension. The most rare are the infinitesimal, and for some time I was in despair of possessing any; at length I caught one, and when my collection was complete, I was master of eight ..... Occasionally a quantity of the unmixed drug is ordered without any written directions, these being given orally to the patient. In the subjoined example, one of our most active remedies—wine of colchicum—was so prescribed, in quantity of half an ounce..... In No. 5, half a drachm of the citrate of iron and quinine was similarly prescribed.....I was called to see a gentleman in Bowdon who had been under the care of two homœopathists from this city. On his mantelpiece I found two phials, one of which had a sharply acid, and the other a saline taste. I could not discriminate the ingredients by the taste alone, but the patient soon set me right. 'That,' said he, 'is nitric acid; it was ordered after I commenced to be salivated. The other contains iodide of potash; it was the first medicine I took.'"

Camphor and "blackwash," compound colocynth pills, and cod-liver oil, with a host of analogous drugs, are regularly furnished by the dispensing homœopathic chemists of Manchester. Indeed, so directly has the practice of an enormous sham been brought home to the doors of the "Manchester school," that one or two globulists, more honest than their fellows, have owned the soft impeachment preferred against them by Dr. Roberts.

"Three of them," says Dr. Roberts, "have admitted to me that they did not regard infinitesimal doses as an essential part of their practice, and that they resorted without scruple to full doses. One of them stated, in support of his assertion, that in a case of cerebral disease then under his care he administered two drops of croton oil (the usual dose is one drop) to obviate constipation, which, he naively added, had been induced by previous abuse of purgative medicine. To another patient, a child, he was giving two-grain doses of iodide of potassium."

So much for homœopathy. As it is in Manchester there cannot be a doubt it is everywhere else—viz., a gross and despicable delusion. In accepting as trustworthy the author's statements we have no scruple. The fac-similes of the original prescriptions given in the work speak for themselves. These formulæ, in their own handwriting and with the dispensers' names attached, will undoubtedly be referred to when indignant globulists raise their hands to invoke Hahnemann as to their purity. But since homœopaths have found themselves diluted and attenuated beyond further endurance, they are attempting a sort of concentration or crystallization upon something else; they are undergoing metamorphosis.

"And a most rare medley of procedures, opinions, and material things, thus changed, now take order amongst matters homœopathic.....We have seen that tincture of camphor, when it has once crossed the magic counter of a homœpathic chemist, is no longer plain tincture of camphor, but 'homœopathic camphor;' a little scented chalk under the same circumstances becomes 'homœopathic tooth-powder.' Cocoa is similarly translated from its vulgar state into 'HOMŒOPATHIC COCOA;' nay, even an enema syringe, consecrated to base uses, is not insusceptible to the same divination, and becomes quite another thing as a 'homœopathic syringe.' I am indebted to my friend, Dr. Thorburn, for the discovery of the homœopathic syringe. It was communicated to him by an experienced monthly nurse."

In company with the latter and the enema apparatus we leave the Manchester globulists.

An Essay on the Malformations and Congenital Diseases of the Organs of Sight. By W. R. WILDE, M.D., F.R.C.S. London: Churchill.

THE study of diseases may always be regarded from two points of view: the one is practical, and looks to the means of cure; the other is contemplative, and regards the human subject as the naturalist regards the animal. This natural-history point of view is a very interesting and important one; and it is by no means a reflection on the excellent little *brochure* of Dr. Wilde when we say that it belongs to the latter class. The author has here collected, in a very complete form, the records of all the most remarkable malformations and congenital diseases of the eye. As a book of reference for ophthalmic surgeons it will be indispensable; and the research here devoted to this purely scientific subject will make them the debtors of the author. There is not much room for original suggestion in a collection of cases of this kind; but the application of embryological changes to the explanation of congenital defects is an interesting subject which Dr. Wilde has not neglected. Every ophthalmic surgeon has cause to regret the extremely long and uncouth names which have been given to the affections of the eye; and this circumstance is very apparent here also. Thus Dr. Wilde, speaking of a dog in which the lids were grown together and adherent also to the eyeball, which trembled or rolled beneath them, says that it was the subject of *symblepharon*, *nystagmus*, and *anchyloblepharon*. If, as is probable, the lids were also somewhat discoloured, it was likewise the subject of *blepharobyschoros*, and might certainly be considered as the most unmentionable brute in the three kingdoms. A comparatively slight contraction, dilatation, or displacement of the pupil, justifies an ophthalmic surgeon in applying to your eyes such terms as *myosis* or *microcoria*, *mydriasis*, *corectopia*, or *parastrophe*, with other ugly words, of which he has an extensive selection. Students may fairly protest against the employment of such terms; but Dr. Wilde only conforms to custom in using them.

The book is largely and well illustrated; but there is a great inequality and defect in its getting up.

On the Diseases and Injuries of the Hyoid or Tongue Bone. By GEORGE D. GIBB, M.D., M.A., F.G.S.; Member of the Royal College of Physicians, London; Licentiate to the Royal College of Surgeons, Ireland; late Physician to the St. Pancras Royal and West London Dispensaries. Illustrated by Engravings on Wood. pp. 48. London: Churchill.

DR. GIBB, whose researches on the diseases of the larynx are well known, has extended his inquiries to the adjacent hyoid bone, and presents the results of his observations in the above pamphlet. The hyoid bone seems to have hitherto occupied a rather neglected position, having been overlooked more or less both by pathologists and anatomists. Thus the latter sometimes include it among the bones proper of the skeleton, and again leave it out as being something *sui generis;* whilst the former seem to have paid but little attention to its abnormalities and diseases.

Dr. Gibb has done his best to remedy the neglect of his predecessors, and has gone about his work in the spirit of a true investigator, by examining all the specimens bearing upon the question in all the metropolitan museums; and has, moreover, collected various interesting cases and specimens from other sources and from his own practice. As might be expected, more specimens are found to have a distinct relation to the hyoid bone than was supposed, since those who originally dissected the preparations were unprepared by previous investigation to attribute the necessary importance to that bone. Thus, under the head of "Sub-hyoid Abscess," Dr. Gibb describes a specimen of necrosis of the hyoid bone communicating with the abscess, unrecognised, and therefore uncatalogued, in one of the museums.

The hyoid seems to be liable to most of the diseases and accidents to which other bones are subject. Thus we find cases of necrosis, exfoliation, tumour, exostosis, &c. Fracture has been observed as the result both of manual violence and of strangulation, but, as might be anticipated, is more frequently the result of the punishment of hanging than of suicide. Dr. Gibb quotes Mr. Mackmurdo, the surgeon to Newgate, upon this point, and mentions eleven cases of the occurrence of fracture, of which five were from manual violence and six from other causes. Displacement of the entire bone is stated to have been recognised in several instances, and numerous specimens are to be found in the museums showing this as the result

of the growth of cancerous and other tumours. One remarkable case quoted by Dr. Gibb exhibited a spontaneous rupture of the ligaments, which permitted the bone to float, as it were, under the skin, where it was felt, and the nature of the case recognised during life.

We know of no such collection of facts bearing upon the organ in question as is here afforded us, and it cannot but be of value both to the pathologist and medical practitioner, by calling their attention to the morbid conditions of the part. Dr. Gibb's talent and industry must commend themselves to every candid reader, and the information he has here collected will assist materially in the diagnosis of difficult cases. We shall gladly welcome further contributions upon the pathology of the throat from so able an investigator.

A Handbook of the Practice of Forensic Medicine, based upon Personal Experience. By JOHANN LUDWIG CASPER, M.D., Professor of Forensic Medicine in the University of Berlin, &c. Vol. I. Thanatological Division. Translated from the Third Edition of the original by GEORGE WM. BALFOUR, M.D. The New Sydenham Society. pp. 317. London, 1861.

IF medical jurists be no longer called upon to decide such a knotty question as "Was Adam a hermaphrodite?" or many others equally abstruse and void of practical utility, which engaged the serious attention of our predecessors, they have abundant opportunities offered them by modern civilization for the exercise of the highest powers of scientific analysis and judicial inference. The superstitious element in this branch of medicine has now nearly vanished, carrying with it even such subjects as "spontaneous combustion," but leaving behind it more than enough of actualities. No better guide in the maze of difficulties, through which the medical jurist has so frequently to thread his way, can be found, upon the whole, than the "Handbook" of Professor Casper. To use the words of Dr. Balfour,—

"So great is the estimation in which this valuable work is held, that it has not only been translated into French, Italian, Dutch, and now into English, but a *fourth edition* of the original is already called for; and the members of the New Sydenham Society lie under a deep debt of gratitude to Professor Casper, with which he undertook *unasked* the great trouble of revising each sheet of the present translation before it went to press, so as to bring it abreast of the very latest German edition, and ensure that, whatever may be its literary defects, it shall at least faithfully represent the meaning of the author."

The entire work now contains 221 judicial cases, investigated during life, and 400 cases investigated after death. The text of this third edition has also received important additions, particularly in the division just issued.

"Thus special additions have been made to the observations upon the occurrence of spermatozoa; upon tattooing; on the relations between the size and weight of new-born children and on the centre of ossification in their femoral epiphysis; and on the artificial post-mortem production of the mark of a strangulating ligature. The following chapters are partly new and remodelled, partly much enlarged:—Those upon Viability; Protracted Gestation; Mummification, the Diagnosis of Blood-stains and Pœmia Crystals; on Gun-shot Wounds; Burns; Poisonings; Rupture of the Coats of the Carotid Arteries [in persons hanged); the Analysis of the Blood after Poisoning with Carbonic Acid Gas; on the Prerespiratory Movements of Deglutition; the Injuries to the Fœtus in Utero; the Hydrostatic Test," &c.

Some slight idea may be formed from the above of the scope and variety of subjects touched upon in Caspar's treatise. One great characteristic of the work is its freedom from all that irrelevant rubbish which was thought to make such amusing reading to our ancestors, and to whom absurd stories from "Lucina sine concubitu," of German countesses with a hundred and fifty children, of executed men coming to life again, of trances, "mothers' marks," &c., were of far more interest than close discussion upon Reinsch's and Marsh's tests. Another feature is the restriction of all questions to their purely *medical* aspect. Exhaustive discussions, made to embrace legal matters lying quite beyond the province of medicine, even in its forensic character, are carefully abjured by Casper. He stoutly maintains the dogma,

"That a medical jurist is—*a physician;* nothing more, nothing else; and as this simple dogma has been grossly misunderstood, to make it still more plain, I again repeat he is *a physician*, and not *a lawyer*. As a technologist, artist, or any craftsman must hold his knowledge or experience in his art or trade at the service of justice in the interest of the common weal, so must the physician, and nothing else is required of him."

We have no doubt that the members of the Society will find this the first instalment of a useful work as welcome as any which their annual subscription has yet procured for them, and that is saying a great deal, for they have had nothing to complain of hitherto. In days when Chancellors affect to sneer at scientific evidence, it behoves the medical profession to present itself before the Courts of Law armed with such a sound knowledge of the phenomena of life as will throw a clear and unmistakable light upon the questions at issue. Casper's great work, based as it is upon a minute and laborious observation of facts, must prove the most trustworthy guide in the interpretation of the ofttimes difficult questions which the medical jurist is called upon to solve.

ARMY MEDICAL SCHOOL, CHATHAM.

ON the 1st instant the fourth session of the Army Medical School was opened. As usual on such occasions, the principal medical officer and the medical staff at Fort Pitt entertained the General Commanding at Chatham and his Staff at luncheon in the mess room, where a large number of military officers and scientific gentlemen were present. In addition to General Eyre and the officers of his staff, the following officers were present:—Colonel Twiss, R.E.; Lieut.-Colonel Brown, C.B., R.E., Lieut.-Colonel Collinson, R.E.; Lieut.-Colonel Lovell, C.B.; Captain Fanshaw, C.B.; Captain-Superintendent of Chatham Dockyard; Lieut.-Colonels Shaw and Stewart; Maj. Deshon; Captain Giff; Captain Bolton; Deputy Inspector-General Kinnear; Staff-Surgeons Gunn and Moody, R.N.; Inspector General Dempster; Inspector-General Morehead, and many other medical officers of rank, both in the home and Indian services.

After luncheon the party assembled in the theatre, where Professor Aitken delivered the Introductory Lecture. After addressing a few words to the medical cadets present, and explaining the course of study on which they were about to engage, Dr. Aitken passed to the principal subject of his lecture—viz., the Growth of the Recruit and Young Soldier. Avoiding technical language, the lecturer gave an admirable exposition of the physiological laws of development, demonstrating the consequences which follow from neglect of those laws in our system of training our recruits for military life. The military officers present appeared to take much interest in the lecture, which was well adapted to impress them with the necessity of caution in dealing with the immature frames of the lads, who are too often left to the mercy of ignorant drill-sergeants, and break down in the first year of their service.

At the conclusion of the lecture, Major-Gen. Eyre addressed a few kind words to the medical cadets present, declared his warm interest in the school, and paid a high compliment to the good conduct and discipline of those who had previously passed through the course of instruction in the school; and after expressing a wish that Professor Aitken would print his lecture, the Major-General concluded by moving a vote of thanks to the lecturer.

We understand that nineteen out of thirty candidates passed the competitive examination at Chelsea for admission to the Army Medical School, and that the Director-General has sent a considerable number of assistant-surgeons to go through the course of practical instruction there.

THE SANITARY STATE OF THE FRENCH CAPITAL.—The Medical Society of the Paris Hospitals has organized a very useful monthly report, gathered from nosocomial experience, of the reigning maladies. Icterus was, during the month of February, frequently observed, while chest complaints had diminished.

THE LANCET.

LONDON: SATURDAY, APRIL 5, 1862.

THE Medical Act has now been in operation about four years. It has done some good, of which perhaps the public is neither conscious nor grateful, although the benefit most largely redounds to them. It would not be strictly correct to say that it has done much harm; but that it has most signally failed in its principal object, is certain. For the proof of these two results the public is entirely indebted to the medical profession. The Act has been administered altogether at our cost, and that cost has been a capitation tax, not inconsiderable to the underpaid medical practitioner. To stop at this result would be to throw away all the past labour and money expended upon the measure. We must cherish and improve what is good, and remedy the defects. Strenuous efforts must be made to perfect the work undertaken by the Act of 1858. The consideration of what follows will, we think, show that Parliament is pledged to amend that Act until the design contemplated in the framing of it is satisfied.

The fortieth clause is in reality that in which the main interest of the whole Act centres. Unless some real disability be made to attach to those who usurp titles to which they have no right, and who practise the responsible art of Medicine without due qualification, it must be admitted that the Act has failed in its primary intention. It surely cannot be imagined that an Act of Parliament was necessary in order to enable qualified practitioners to practise; to hold public appointments; to be exempted from serving on juries; to sue and recover for professional services in courts of law; to register; to sign medical certificates; or to do any other deed, or to become possessed of any other right or privilege that properly belongs to the practice of Medicine. These rights and functions belong so naturally to, and are so inseparable from, the legitimate practitioner, that although it would require an Act of Parliament and something more to take them away, it must be utterly superfluous to pass an Act for the simple purpose of confirming them. The only reasonable explanation of the clauses in which all the rights we have recited are assigned to qualified practitioners is, that it was intended to declare that none other than qualified practitioners should possess those rights. To bring the Medical Act within the category of things done upon rational design and for a rational end, it follows that the object of the fortieth clause must have been to prevent persons not qualified from practising Medicine and from using false titles, which it is obvious are only assumed for the purpose of facilitating illegal practice. And since it has been found in all times that a mere declaration of disability was a *brutum fulmen*, which charlatans contemptuously disregard, it further follows that they must be compelled to respect the law by the fear of penalties.

This indeed seems to be the point at which we have at length arrived. A machinery which works very well as far as the registration and recognition of qualified practitioners are concerned has now been four years in operation. In the Register the country possesses the basis of a sound and practical measure of medical reform. We have an act of Parliament which declares what are the legitimate rights and functions of the practitioners of Medicine and Surgery. We have a State-roll which contains the name and description of every man whose authority to exercise those rights and functions is acknowledged. So far the Medical Act is a valuable measure. It enables those who are so disposed, by a simple reference to the Register, to distinguish between those whose competency is attested by the proper examining boards, and those whose proof of competency rests upon their own assertion and audacity. What is now wanted is an efficient amendment of that clause which was designed to exclude improper persons from exercising any of those functions which the Act distinctly declares to belong to those who comply with certain specified conditions. The fortieth clause, as interpreted by the judges, is found to have failed in securing this object. It has been thoroughly tested and sifted, so as to leave no doubt of its inefficiency. The most ignorant, the most unscrupulous persons may, in spite of it, do precisely that one thing they want to do,—namely, practise Medicine and Surgery for gain; and in this they are aided by the licence to use or to abuse certain titles which imply a medical education and examination.

We are not sanguine that quackery can be put down by penal enactments. In these days, when people of fashion, who claim to guide the education of others, believe in, or at least encourage, the degrading delusions and tricks of mesmerists, spirit-rappers, homœopaths, and other adventurers, the attempt would be worse than vain. But what the medical profession has a clear right to demand is, that medical titles and designations shall not be usurped by persons who have no just claim to them. Surely it is no arbitrary stretch of law to protect us and the science we represent from the scandal brought upon us by the characters and actions of persons we repudiate. If it be granted for a moment that an intelligent cobbler could by sudden inspiration become endowed with medical skill, that is not all that the public requires. The profession of Medicine, like that of the Law or of the Church, can only be practised safely by a person whose character, as well as skill, is properly attested, and whose responsibility is secured by the position he holds in society and as a member of recognised learned corporations. If it be argued, as has been done, that Medicine is an art within the range of acquirement by common sense, and that it is therefore unwise to restrict its practice to a privileged class, it must be admitted that this reasoning applies much more strongly to Law and Theology. These departments of knowledge are clearly within the capacity of all persons of intelligence and education. Yet great would be the wrath of the enrolled attorney or admitted barrister if an unqualified person, however great his abilities, were to undertake to conduct the legal business of others! And how inexpiable in the eyes of the orthodox clergyman is the presumption of him who, unordained, enters the pulpit! It would not be difficult for many a layman to preach sounder doctrines in more eloquent words than are heard from ordained lips; but what is wanted is that guarantee and responsibility which authoritative recognition can alone confer. This is precisely the state of the case in reference to Medicine. We want no extraordinary, exceptional, or unconstitutional protection. Gulls must have their appropriate food. Quackery in Medicine, in Statecraft, and in Religion cannot be uprooted; but let not impostors of any kind have the sanction, expressed or suffered by negligence, of

the law for carrying on their dishonest and dangerous practices under false pretences—that is, by stealing the designations which others have legitimately earned.

The decisions of the judges upon the various questions by which the powers of the fortieth clause of the Medical Act have been tested afford sufficient material and guidance for the construction of new enactments which shall remedy proved defects. For the achievement of this task the profession now anxiously and hopefully look to the Medical Council. This august body, containing as it does some who are justly regarded as the *Patres Conscripti* of Medicine, have succeeded in effecting a complete registration of qualified medical practitioners. It remains for it to obtain for them those benefits of registration which they were promised under the Medical Act. We shall be glad, of course, to see the National Pharmacopœia. We have not, indeed, suffered materially whilst waiting for it, and whenever we get it, it will soon become more or less obsolete through the rapid progress of therapeutics. We are delighted with the advances made in the organization of a more perfect scheme of medical education. But the profession is justly impatient for a *bona-fide* measure for the discouragement of illegal practice.

WHILE a few "penny wise and pound foolish" men amongst ourselves have always been, and still are, opposed to sanitary legislation and compulsory interference with unhealthy places and dirty people, the majority of the population have for some time been unanimous in accepting such advantages. It is well that it is so, or we should have run some chance of being passed by in the race of social improvement. Foreign countries are beginning to bestir themselves in sanitary matters. The citizens of New York, King's and Richmond counties (U.S.), are making strenuous efforts to obtain the passage through the present Legislature of a Health Bill, which shall enable them to improve the sanitary condition of the places in question by compelling removal of the causes of preventable diseases, and controlling the spread of epidemics and endemics arising within the localities mentioned. Nor can our friends across the Atlantic be said to be over-anxious in the matter, seeing that some parts of the country are being overrun by small-pox, which in nine cases out of ten would appear to be exported from the city of New York into the country towns. A recent Providence paper writes—"Nine-tenths of the small-pox in this city comes from "New York. There are now cases of 'varioloid' in Friendship-"street, Transit-street, and on Smith's-hill, all within a few "days, and all coming from New York." What is true of Providence would seem to be true of nearly every city and town in the country where this disease prevails. According to a recent number of an American contemporary, small-pox had been recently transplanted from the city to four counties adjacent to New York. A striking and melancholy illustration of the power of a great commercial centre to disseminate contagious disease is afforded by the statement, that small-pox broke out in nearly every regiment of soldiers which passed through the city to the seat of war. If the inhabitants of New York appear somewhat callous to the bad reputation of their disagreeable visitor, the country people are terrified at the first sound of his step. Our American weekly medical contemporary informs us that finger-boards are frequently posted along the highways, blazoned with the terrible information that "small-pox is here," while a significant hand points to an adjacent habitation. Whole families are put under quarantine, streets are closed, and even entire villages are shut out from communication with the surrounding country by notices raised along the roads, informing the passers-by that there was a case of small-pox in one of them. This dread of variola n some places, and indifference to its occurrence and neglect f sanitary measures in other localities, are of old standing n America.

"But a year or two since, an unfortunate citizen of a popu-lous and very intelligent community in the interior of this State, contracted small-pox in his visit to the city. On the first rumour of the nature of his disease, the burghers held a meeting, and appointed a Board of Health, consisting of the four physicians of the place, whom they deputed to remove the sick man to a distant wood, and watch over him during his illness. The Board attempted to carry out their instructions, but no citizen would allow his horse and waggon to be used for such a purpose, lest he should contract this disease; for the same reason many objected to giving bed-clothes, though they were not to be returned; but one citizen, more public-spirited than his neighbours, volunteered to furnish straw, provided the members of the Board of Health would not come to his barn, but would take it where he should leave it, at a distance on the highway."

It is possible that the people of New York might deny that they have hitherto been indifferent to sanitary matters, and point to the fact that their city expends directly and indirectly nearly half a million of dollars for purposes of health. That this sum is *ostensibly* so spent we believe to be the case; but we doubt if a single dollar of it can be said to be intelligently and usefully applied to its intended purpose. How is this paradox explicable? it may be asked. In this way: There is a chief officer of health—viz., the "City Inspector," and certain "health-wardens" selected by him, whose duty it is to seek out infectious diseases in dwelling-houses, and inquire into various sanitary matters. It is reasonable to suppose that these "health-wardens" would be medical men, or, at any rate, scientific and well-educated gentlemen, informed upon the various topics which must come before them. Quite the reverse is the case. The "City Health Inspector" of New York selected as his wardens a clerk, a speculator, an emigrant runner, a barkeeper, a policy-dealer, a plumber, a stone-mason, two bricklayers, a ship-carpenter, two house-carpenters, a barber, three spirit-vendors, a carter, a butcher, and one whom, until his appointment as a health-warden, was "a gent of no business at all!" That the whole were capital officials at making the dollars go we do not doubt in the least, nor are we more sceptical as to the reasons why, under such an intellectual and able administration, small-pox, scarlet fever, cholera infantum, and allied diseases, should still have continued to rage amongst the poor of New York, notwithstanding the asserted expenditure of half a million of dollars for health purposes. To supplant this corrupt, expensive, and worse than inefficient method, by a system of sanitary surveillance, has at length come to be the serious aim and effort of the leading citizens and medical practitioners of the American city. The effort should not be confined to one State only, but every State (which we have shown to have such a direct interest in the health of New York) should communicate with its respective representatives in either House, and urge them to support so desirable a public measure.

MR. GRIFFIN is once more in the field, and is preparing for a new campaign on behalf of the Poor-law surgeons of this country. The correspondence published at p. 365 exhibits the true position of the Poor-law question. Energetic and hopeful, Mr. GRIFFIN, with a very moderate balance in hand, considers that the Association should persevere. With a view of gaining the assistance of the various corporate medical bodies of the kingdom, he has addressed a letter to the president of each of them, earnestly calling upon them to use their exertions in favour of their members. It is to be hoped that these bodies will respond to the appeal thus made to them. Considering that the union surgeons of this country number more than three thousand, it is the manifest duty of the colleges to which they belong to assist them in the attainment of their just rights. The memorial forwarded by Mr. GRIFFIN to the Select Committee on Poor Relief affords striking evidence of the necessity of bringing all the interest of the profession to bear upon the House of Commons. If little comparatively has hitherto been done, it has been in consequence of the lukewarmness displayed by the greater number of those most interested in the question. We commend Mr. GRIFFIN's communication to the serious attention of the profession. With such a leader, and with so good a cause, all that is required to attain success is united perseverance.

Medical Annotations.

"Ne quid nimis."

THE DEMON OF THE LAMP.

IT is well to be warned in time. The many deplorable accidents, followed by loss of life, which have resulted from the explosion of so-called paraffin oil, burnt in the household lamp or stored in the tradesman's warehouse, have indicated that a dangerous and explosive fluid has found its way into trade as an adulteration of a really useful and innocuous oil. The result of THE LANCET Analytical Sanitary Commission reveals a most startling and perilous state of things. It discloses a danger little less than appalling; and points to a fraud which has crept into trade, and of which the perils are greater than the most imaginative alarmist could have conjured up. That inquiry has shown that crude and imperfectly-refined rock oil is being imported into this country in immense quantities, and is being sold as a cheap kind of paraffin to be burned in ordinary lamps, although it is in many respects a considerably more dangerous material than gunpowder itself. There are many hundred thousand gallons of this oil stored in the wharves, of which the point of ignition ranges below 117° Fahr., and as low as 57° Fahr. If by any chance—such as is highly possible, nay, might seem in the end inevitable—this mass of fluid, combustible at this exceedingly low temperature, should be ignited, the consequences might be productive of a calamity of which we cannot foreshadow the limits. The fiery and blazing hydrocarbon stored near the crowded docks and wharves of the Thames is capable of floating along with the tide, and it would be impossible to extinguish it. The destruction which was witnessed at Tooley-street gives but a feeble notion of what might thus occur. There are no precautions of storing which seem to us equal to meet the dangers of the case. The importation of unrefined petroleum should be absolutely forbidden. There is nothing to prevent its being refined, and it is then robbed of its dangerous characters.

There is another aspect of the question hardly less important. The examination by the Commission of the oils sold in shops as paraffin has shown how largely this dangerous adulteration has already tainted the course of trade. It may be laid down as an axiom, that no oil can be safely burned for the purposes of domestic illumination of which the point of ignition is less than 130° Fahr., for at one or two degrees above the point of permanent ignition the vapour given off is inflammable, so that a *direct contact* of the flame and the oil is unnecessary, and the oil will ignite if only a light be brought near its surface. Now, of forty samples purchased in the metropolis, and examined by our Commission, sixteen (or nearly one-half) were so much below the standard as to be dangerous. We have given the names and addresses of the persons from whom each sample was purchased. We have stated the point of ignition in each case; and we have felt it a duty to brand some of these sixteen samples as "dangerous," and others as "highly dangerous." Some of them had the point of ignition actually as low as 67°. A man might almost as safely sit all night with a barrel of gunpowder before the fire, and take the risk of a spark falling on it, as use this oil. So far we have warned the public openly and honestly of the danger, and where it is incurred. But we acquit the vendors of complicity in this dangerous adulteration. In all probability they are innocent of all knowledge of the perilous quality of the stuff they sell. But we tell them now, that there is an easy remedy. They should themselves apply the tests described in the Report, and they should especially and in every case require a written guarantee from the wholesale houses who supply them, that the oil they vend will not ignite under a temperature of 130° Fahr., and every person who purchases the oil for domestic use should require the same guarantee.

MR. PEABODY'S GIFT.

THE unprecedented munificence by which Mr. Peabody has endowed the poor of this great metropolis with a fund of £150,000, demands at least one practical acknowledgment. These funds must be administered with the most grateful veneration of the spirit of unsectarian liberality in which they were bestowed, and a well-considered appreciation of the physical and moral degradation and suffering which they are intended to alleviate. A glance through the streets of London shows but too quickly the prominent griefs of the poor. Asmodeus would show to the philanthropist who sought to uncover and redress the ills that torment these classes various scenes of misery. Amongst the most "horrible would be the sight of incurables languishing under the want of every alleviation of their disease; fever-stricken families huddled in one close room, in which health, decency, and morality are alike impossible; bodies of murdered children lying hidden in secret holes or desperately cast into the parks and streets by wretched women whose agony of mind has conquered all their womanly nature." Those sights suggest how beneficent the endowment would be which should give some crumbs of comfort to the incurables—a purpose for which the present machinery is quite inadequate; which should ameliorate the condition of the poor by weeding out the fetid dens in which they live, and substituting wholesome dwellings; or should assume some part of the duty of the State and seek to check the practice of infanticide, which has of late increased with fearful rapidity, by mercifully multiplying the places of reception for foundlings.

Mr. Peabody has already shown a sense of the value of one of these forms of benevolent activity, and with accurate wisdom has indicated the desirability of applying a part of the fund to the improvement of the dwellings of the poor. This is, indeed, a work of fundamental importance. Neither morality, health, nor honour can be expected to flourish amongst families who perforce perform all the functions of life in a space which often does not exceed fifteen feet square; who must eat and drink, strip, dress, and sleep—men, women, and children—in one such narrow, heated stench-trap. This picture is still true of

many of the worst parts of the metropolis. The remedy lies in the demolition of the ruinous blocks of houses choking the lanes and alleys of London, and the erection of model lodging-houses. A great deal of experience has already been accumulated on this matter. The several companies of this kind have for the most part paid fairly well as a speculation. The London Company has, we believe, paid 4½ per cent; the Hastings Company, 6 per cent.; and the Red hill Company, 5 per cent. It has been found, however, that while large model lodging-houses for families answer well, similar erections for single men do not answer so well, and are objected to by the poor for reasons which we need not here explain. Thus more might probably be done by the utilization of existing means, or by the erection of colonies of cottage tenements, well built and cared for, on a suburban line of railway, than by the erection of some of those large and workhouse-looking buildings which have every advantage except that of conciliating the prejudices of the poor.

THE CHLOROFORM SCANDAL.

THE particulars have been forwarded to us of a very unpleasant case which has been tried before the magistrates at Accrington, in which a female had accused a dentist of having criminally assaulted her while under the stupefying influence of chloroform. The magistrates dismissed the charge as unproven, and it is stated that the person accused will bring a cross action for defamation of character. It is unnecessary that we should enter into any of the details of the case. But it is not the first time that charges of this kind have been made in courts of law; and there is one general observation which applies equally to all of them and under all circumstances. It is a highly injudicious act for a surgeon or dentist, under any circumstances, to administer chloroform to a female unless a third person be present, and, if possible, that person a reliable woman of good character. This is a rule which should be absolute. By transgressing it, the dentist, in this as in other cases, laid himself open to a charge of which the consequences must always be seriously injurious, however strongly it may be refuted, and of which the very nature is painful and abhorrent to the minds of all. The patient is not less deeply interested than the dentist in the observance of this rule. It is possible that the charge may have sometimes originated in a disordered imagination, as it appears occasionally to have been raised with a wicked and malicious intent. We venture to hope that in no case has it been well-founded. But it is a scandal to the honourable minds of those who daily administer this great boon to humanity that charges so offensive should ever be made in connexion with it. If the rule we here lay down be universally carried out, as it certainly should be, that scandal will never be revived.

VITAL ELECTRICITY.

THE following statement occurs in *Galignani*. Somewhat similar experiments have before been made, but have been found to exhibit fallacious results. The present, therefore, will be received with a due seasoning of salt, although the subject is one of considerable physiological interest:—

"M. Louis Lucas, a gentleman well known for his scientific attainments, lately received a select circle of visitors at his house, to exhibit and explain the principle of an apparatus of his own invention, by which a physiological fact of great importance is rendered apparent—viz., the direct action of the living frame on the magnetic needle. The apparatus itself is of extraordinary simplicity. A single element of Bunsen's battery has its poles in communication with an electro-magnetic bobbin, surmounted by a graduated disc, bearing a magnetic needle which oscillates freely round its centre, as in the common compass. This part of the apparatus is protected by a glass shade; the plate may be raised and lowered at pleasure by a wheel and rack. The conducting wires, after communicating with the bobbin, branch out towards the operator, and are connected together by a loose metal chain. The apparatus being in this state, the needle remains perfectly quiescent until the operator takes hold of the chain either with one hand or both, when the needle at once begins to move, describing arcs of from ten to ninety degrees. No principle hitherto admitted into physical science can account for this strange phenomenon, and we are compelled to admit a physiological action capable of producing such motion. The experiment was varied in many ways in our presence, and we were ourselves allowed to test our individual power on the needle. That the cause of the motion was of a physiological nature was further proved by the circumstance that the oscillations of the needle varied in intensity according to the persons experimenting, and even according as the same person might be differently affected either by tranquillity or a warm discussion, such different states naturally modifying the susceptibility of the nervous system. Stranger still, some persons present produced the oscillations by merely touching the chain with a glass rod about two metres in length, glass being, as our readers know, a non-conductor. Whatever explanation may hereafter be given of M. Lucas's discovery, one fact seems even now indisputable—namely, that the human body may directly influence the needle; what consequences may be evolved therefrom time alone can show."

BREACH OF PROFESSIONAL HONOUR.

A VERY painful case has lately occupied the Court of Divorce, in which a member of our profession has been mulcted in damages of £500 for the seduction of a lady under his professional care on board ship. We are not desirous of entering into the particulars of the case. It is our duty to express our opinion that Dr. Laing acted in a manner which was derogatory to his character as a physician and his conduct as a man. The honour of the profession demands that condemnation should rest upon any member of it who takes advantage of his position to inflict an injury, directly or indirectly, upon those committed to his medical care. As he has greater opportunities than any other man of violating the sanctity which appertains to his noble calling, so when he forgets the duties devolving upon him he is more justly liable than other men to the disapprobation of his profession and the public. If we are to retain our position in society, it must be by the upholding of those wholesome principles of conduct which are imperatively imposed upon us. If we forget or ignore those principles, the stigma must rest upon us. Such derelictions of duty as the trial in question exhibits are happily most rare exceptions to the rule. We believe that no men are more faithful to their trust or their obligations than members of the medical profession, and a departure from this trust or obligation calls for our emphatic reprobation. There may be "spots upon the vestal's robe," but these only serve to show more prominently the purity of the vestment. Whatever may be said against our profession, we believe it may be safely asserted that as a body its members perform their duties as honourably and conscientiously as those of any class of the community. The case of Dr. Laing is an exception so rare that it calls for a special comment and a special condemnation.

DR. LIONEL BEALE'S LECTURES AT THE ROYAL COLLEGE OF PHYSICIANS.

DR. BEALE'S fifth lecture was devoted to the consideration of the intimate structure of the lobule of the liver. Specimens illustrating the lecturer's statements were passed round. Several of these were magnified two hundred diameters, and one was magnified seven hundred times (a twelfth of an inch object-glass). It might be stated that the lobule consisted of two networks of tubes alternating with each other: the *vascular network*, continuous with the portal vein at the circumference, and with the hepatic vein in the centre of the lobule; and the *cell-containing network*, continuous with the ducts at the margin or circumference of each lobule. In some cases the diameter of the capillaries was greater than that of the cell containing network. The blood circulating in the capillaries reached the

lobules at several points, and flowed with gradually increasing velocity towards the centre of the lobule. The circulation was slowest at the circumference, where the process of secretion was most active. The cell-containing network of the lobule was composed of delicate tubes of basement membrane, which contained the liver "cells." These tubes, containing the secreting cells, alternated therefore with the tubes containing the blood in every part of the lobule. The tubes of the cell-containing network contain for the most part but one row of cells; and the bile which is formed by the disintegration of the outer or oldest part of these cells escapes towards the ducts, by passing between them and the walls of the tubes in which they lie. That the cells actually lie in tubes is proved—1. By the fact that the cells do not correspond, as has been asserted, to the intervals of the capillary network, but seem to form cylindrical masses, with a very even outline, sometimes of considerable length. 2. Injection can be forced into the tubes and around the cells. 3. In disease (cirrhosis) the cells shrink and the walls of the tubes are increased in thickness, so that the tubes are as distinct as the tubes of the kidney, sweat-gland, or other tubular gland. Specimens were passed round in proof of the truth of these statements, and the third remark was supported by specimens from the frog and also from the human subject.

The structure of the so-called "cell" was then discussed. Dr. Beale had brought forward many facts, in his course of lectures last year, against the view generally entertained with reference to the existence of the cell-wall as a necessary and essential structure. He admitted that in some cases the cell-wall was to be demonstrated, but in others it was undoubtedly absent. The liver "cell" ordinarily possesses no cell-wall, but consists of a mass of living "germinal matter" (nucleus), surrounded by matter formed from this "formed material" (corresponding to cell-contents and cell-wall). The lecturer had remarked in 1855 that "the liver-cell is rather to be regarded as a collection of viscid matter round a central nucleus, than a true cell provided with a distinct wall." In the liver of the fish, nuclei are found surrounded with a vast number of oil-globules and granular matter, and it is easy to find examples exhibiting a gradual gradation from this arrangement to that of the liver of the bird and mammal, where for the most part each separate nucleus seems to be surrounded with matter corresponding to and in fact formed from it. Thus the appearance of a cell results. In disease in the human subject, the contents of the cell-containing network become continuous, and all appearance indicating the existence of separate cells is lost. In the formation of bile it is probable that the pabulum separated from the blood passes through the outer granular matter, or formed material of the so-called cell, and becomes germinal matter or nucleus; while the outer or oldest part of this passes into the state of formed material at the same time that the oldest portion of this formed material which is outside becomes resolved into biliary matters, fat, and amyloid matter. The quantity and characters of these substances are, however, greatly influenced by the condition present, the quantity of arterial blood, &c.

Correspondence.

"Audi alteram partem."

POOR-LAW MEDICAL REFORM ASSOCIATION.

To the Editor of THE LANCET.

SIR,—As the following letters have only been forwarded to the Committee, perhaps you will be good enough to give them insertion in your journal, in order that all the Poor-law medical officers may know what is going on.—I am, Sir, yours truly,

Royal-terrace, Weymouth, March, 1862. RICHARD GRIFFIN.

12, Royal-terrace, Weymouth, March, 1862.

DEAR SIRS,—Many months have now elapsed since I addressed you as a Committee, and my object in now doing so is to lay before you such information as I possess, and to obtain your opinions as to the best course to be pursued. I would gladly call you together for this purpose, but I am aware the great distance many of you reside from each other renders such a course very undesirable, unless important measures are to be discussed; but still I will do this if you wish it. Should, however, this not be the case, I hope you will oblige me by writing any suggestions you have to offer. The circular letter each of you received this month has informed you that I have made an appeal to all the Poor-law medical officers, asking them "if they approve *in the main* of the evidence already furnished by me, that they should send their subscriptions." Up to the present time this letter has been responded to by upwards of 230 medical men, a number sufficient to justify us in continuing the course we have hitherto pursued. The amount received up to the present time is £102 16s., the greater part of which is paid into the Bank, to the account of the Association, less the expenditure, £29; so that we have funds to go on with. But I should be better pleased if the amount were greater, as an affair of this magnitude, to be carried on with vigour, requires extensive funds. By the annexed copies of letters it will be seen I have addressed the Presidents of the Colleges of Physicians and Surgeons of England, Scotland, and Ireland; the Faculty of Physicians and Surgeons of Glasgow, and the Master and Wardens of the Society of Apothecaries, soliciting their aid; and I have sent a letter to the Select Committee now sitting. I have also been in correspondence with Sir Charles Hastings, the President, and Dr. Williams, the Secretary, of the British Medical Association, and I have little doubt the Council will memorialize the Select Committee. Should any of you, or any gentleman you know, wish to tender evidence before the Select Committee, I hope you will inform me of it, as it is very desirable we should, if possible, act in unison, as nothing tends so much to injure our cause as conflicting opinions on essential points—the payment clause for instance—which the three witnesses examined last session recommended should be carried out in three different ways; and one of those witnesses, Dr. Fowler, has since propounded a new plan, which, if adopted, would, as well as that recommended previously by him, and also the one by Dr. Rogers,* be most injurious to many of the country medical men, whereas the plan recommended by me on behalf of the Association, is well calculated for both town and country, and is just to the ratepayers as well as the medical officers, it being a payment for work actually performed.

I am, dear Sirs, sincerely yours,

RICHARD GRIFFIN.

The Committee of the Poor-law Medical Officers, (32 in number.)

To the Honourable the Select Committee, Poor Relief, (England,) House of Commons.

MY LORDS AND GENTLEMEN,—On the last day of your receiving evidence in the session of 1861, I was requested to appear before you touching the question of the medical relief of the poor, and at the same time two other medical officers also attended for a like purpose. Our evidence commenced at about three o'clock and closed at four—a period totally insufficient for the calm consideration of so important a question as the medical relief of upwards of one million and a quarter of the labouring classes of England and Wales. I was, as you are aware, first examined; and, at the end of about half an hour, the room was cleared, and on my readmission I was informed no further evidence would then be received from me, but I was subsequently permitted to put in certain documents, some of which were printed, and the others returned to me. My object in now addressing you is to say I am prepared to attend your honourable Committee whenever you may think fit to summon me for the purpose of being examined on the documents put in by me, as they reveal a large mass of information of a most important character, compiled by me on behalf of an Association of Poor-law Medical Officers, of whom I have the honour to be Chairman. In addition to the documents already delivered in by me, I desire to tender evidence relative to other branches of medical relief, and especially to that of the vaccination of the poor, which is a subject intimately connected with this inquiry, as the poor-rates are the source from whence the cost of it comes. By judicious arrangements I believe the rates may be lessened, the vaccination of all classes ensured, and at the same time the medical officer relieved of much of his labour, and yet be better remunerated for the legitimate work he has to perform. Should I be again summoned before you, I sincerely trust the entire subject of medical relief may be gone into, as I feel confident I shall be enabled to satisfy your honourable Committee that every proposition made by me on behalf of the Association can be satisfactorily sustained, and that the amelioration I advocate will be of essential benefit to the poor and the ratepayers, as well as the Poor-law medical officers.

I have the honour to be, my Lords and Gentlemen,

Your obedient servant,

12, Royal-terrace, Weymouth, March 24th, 1862. RICHARD GRIFFIN.

* Average in-door maintenance in Strand Union is, 9s. 6d. per week.
Ditto ditto Weymouth ditto, 6s. 4½d.

Copy of Letter addressed to each of the Presidents of the Royal Colleges of Physicians and Surgeons of England, Scotland, and Ireland; the Faculty of Physicians and Surgeons of Glasgow, and the Master and Wardens of the Society of Apothecaries.

SIR,—At a meeting of Poor-law medical officers held in London a year or two since, a member of Parliament, who is also a member of the medical profession, (Mr. Brady,) stated we ought to get the heads of the profession to assist us in this agitation. I, therefore, in my public capacity as Chairman of the Poor-law Medical Reform Association, now venture to ask you, as the head of your College, to render us your aid, and request the favour of your sending a memorial or petition to the Select Committee on Poor Relief (England) now sitting, pointing out to them the desirableness, in your opinion, of a searching inquiry into the existing system of the medical relief of the poor, who, in 1857, numbered 1,349,452, in order that they may be insured good medical and surgical advice, and the Poor law medical officers, upwards of 3000 in number, that remuneration which their important services to the nation so imperatively demand.

I enclose you copies of petitions, that you may see what has been done by public bodies on former occasions.

I have the honour to be, Sir, your obedient servant,

12, Royal-terrace, Weymouth, March 26th, 1862. RICHARD GRIFFIN.

THE USE OF CHLOROFORM AS AN ANÆSTHETIC.

To the Editor of THE LANCET.

SIR,—The fatal results from the use of anæsthetic remedies, though infrequent if compared with the cases in which they are beneficially employed, are sufficiently important to justify any suggestion which may lead to their more successful use.

In the first place, permit me to mention, as a curious fact, a circumstance which occurred in my own private practice long before the discovery that the inhalation of ether produced insensibility to pain.

It will be remembered that Mr. Morton, the dentist of Boston, tried it on himself on the 30th September, 1846, and on the same day used it successfully on a patient from whom he extracted a tooth whilst he was unconscious from the inhalation of ether, and insensible to the operation.

The news caused a lively interest in this country, and on the 21st December, 1846, ether was successfully used by the late Mr. Liston, and by Mr. Fergusson on the 31st of the same month.

On the 16th January, 1848, I used it with perfect success in a case of midwifery, and since then I have very frequently used it both in midwifery practice and before surgical operations, and fortunately without any mischance having occurred.

In 1833 I was attending a lady, Miss M. C——, of Court-de-Wyck, Yatton, near Bristol, for lumbar abscess, with caries of the vertebræ. Her mother, dissatisfied with the amount of relief which ordinary remedies afforded, pressed me to think of some remedy which might be more successful. On my way home, I reflected on the fact that diseases produced through the respiratory organs, as in the case of small-pox, were more energetic than when introduced by cuticular absorption from without; and also on the fact that some poisons which speedily prove fatal by absorption from the skin are harmless when taken into the stomach. Hence I concluded that ordinary sedatives and antispasmodics, if vaporized and introduced through the pulmonary tissues, might be more energetic and useful than when given in other forms by the mouth; and on the same day (Oct. 21st, 1833) I sent her an ounce and a half of spirit of sulphuric ether, and an inhaler, which had a distended flannel covering for the face, with directions to use one-fourth of the liquid diluted with half a pint of hot water.

My patient rapidly passed through the usual stages which we now witness from the inhalation of chloroform—from that of exhilaration, in which she hummed snatches of tunes, to one of complete unconsciousness, in which she continued over half an hour, greatly to the alarm of her family, and as much to my astonishment. I was too rejoiced to be out of the scrape into which my love of generalization had led me, to recommend any further trial, though the mother, after her fright was over, often spoke of the comfort which her daughter had derived from the remedy, even for days after its use.

In recording this fact, I have no desire to obtain the slightest credit for myself, nor to detract from him who long afterwards introduced the remedy to the profession. Nor should I be justified in the attempt, as no practical result followed my experiment. Still it is a fact which, in the history of anæsthetic medicine, is worthy of being recorded.

It has recently occurred forcibly to my mind whether my original mode of diluting the ether with hot water, and thus introducing it conjointly with a harmless vapour, may not prove a safer way of using chloroform, or, better still, perhaps in the form of chloric ether, than the ordinary method.

In conclusion, I would make a few remarks on the language in which fatal results from chloroform are described, as well as on the manner of its presumed operation in such cases. The quantity used is always very particularly dwelt upon and inquired into, as though we had the power of regulating its effects by *doses*, and in fact that term is used and has crept into our text books on the subject. Now this I regard as entirely a mistake. And, in the next place, several modes are suggested as to the operation of chloroform in fatal cases. My own idea is, that in cases which end fatally, the same result would ensue whether the quantity inhaled were large or small. The object proposed is to produce the state of unconsciousness, and if that be induced without a fatal result, inhalation may be continued without danger to life, as I have often proved. I believe that fatal results always follow the immediate use of the chloroform when only a minimum quantity has been used.

The remaining question, How does it kill? I think may be answered without much difficulty. It acts beneficially by its operation on the sentient portion of the nervous system, and on that only. But now and then, and, as I think, without reference to particular disease or condition, it involves in its action the organic portion of the nervous system with the sentient; and then respiration, or the heart's action, is suspended, or both cease at the same time; but in a case recently recorded in THE LANCET a feeble action of the heart continued for some time after respiration had ceased. I have no doubt that this is the way in which chloroform and similar agents operate fatally; and I fear we must not expect to lessen the chance of mishaps either by regulating the quantity inhaled, or by pretending to be overwise as to the previous conditions of the system which render its use safe or pernicious. Abnormal conditions of the heart, lungs, or brain, may indeed render it inexpedient, and probably unsafe, to use an anæsthetic remedy, which necessarily induces congestion of those organs; but such reasoning, I think, leaves the subject of danger to life from the anæsthetic remedy, as such, *per se*, entirely undisturbed.

Whether my suggestion of diluting it with the vapour of hot water will lessen the liability to mischief can be easily tested in our public hospitals, where its use is so frequently required.

I am, Sir, your obedient servant,

West Lodge, Frome, March, 1862. JAMES HURD, L.R.C.P. Edin.

REMOVAL OF NÆVI.

To the Editor of THE LANCET.

SIR,—The ingenuity of surgeons has been repeatedly exercised in devising the best and safest means of removing, from children, nævi occurring in situations where hæmorrhage is difficult to control, and where disfigurement is to be sedulously avoided. Hitherto no constant method of operating has been used in these cases. A variety of operations have been proposed and adopted: some among them are simple, others compound; all of them more or less answer the purpose for which they are employed, but few or none achieve all that should be sought.

The aim in this, as in every operation, is safety and success. The safety in this instance implies, as far as practicable, the avoidance of hæmorrhage and pain. The success demands complete removal of the disease, apart from unnecessary disfigurement.

The early period of life at which the performance of operations for the extirpation of nævi often becomes imperative, is one during which loss of blood and inflicted pain are badly borne; therefore the proceeding which to the utmost obviates these evils, may be assumed to be the best to adopt when treating these cases.

Seventeen years since you did me the favour to publish a paper in your valuable journal describing an operation I had devised in furtherance of these views. Since then, ample opportunity has occurred for testing its merits; and the result of this extended experience is so favourable, that I venture to ask you to allow me again to describe its performance and to indicate its presumed advantages. This operation owed its

origin to the very great difficulty experienced in controlling the hæmorrhage, almost amounting to loss of life, when removing a nævus by excision from the forehead of an infant.

The first case in which it was applied was for the removal of a nævus in an unweaned child, situated directly opposite to and closely bordering on the inner canthus of the right eye, extending thence towards the eyebrow, and inwards towards and reposing on the nose, nearly reaching to the median line. It was florid and about to ulcerate. The operations by excision or by needles, from the situation of the disease in this case, were not only inconvenient, but impracticable.

The operation is very simple, requiring only a needle and some waxed silk. It is easily and quickly performed as follows. A double ligature is passed underneath the centre of the nævus. Divide the ligature; pass one half of it through the skin above the part required to be removed; pass the other half through the skin below the part required to be removed. Tightly tie the two ends of the loop including the inferior half of the nævus; tightly tie the two ends of the loop including the superior half of the tumour. The four ends of the ligature are now tightly and alternately tied the one to the other, and the operation is completed, the whole nævus being effectually strangulated by being entirely enclosed in a double circle by the ligature both from within and without.

The advantages claimed for this operation are—that the risk of hæmorrhage is avoided by it, and that neither needles nor apparatus remain to annoy the infant, the mother, or the nurse; that the pain entailed by its performance is not severe, that it appears to cease with the operation, and that further surgical interference is not needed to perfect the cure; that it leaves less deformity or scar than the operations by excision, needles, or caustics, as the sound skin surrounding the nævus is made by the tightened ligature to take its place, and is there held as by two points of suture; that it is applicable to all cases; that it can be used in situations where other methods cannot be applied; and that it is suited to nævi of all forms, whether they be prominent or flat, superficial or deep, extensive or circumscribed.

Occupying a variety of situations, and presenting various characters, many cases of nævi have been treated by this operation, and hitherto with invariable success, that result not only occurring in the hands of its originator, but also when adopted by other surgeons. The late lamented Mr. Lonsdale, among others, practised it, and it received his unqualified praise.

I am, Sir, yours obediently,

J. C. CHRISTOPHERS, F.R.C.S.

Acacia-road, St. John's-wood, March, 1862.

THE MEDICAL PROFESSION AND LIFE ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—I never yet wrote a letter but it contained the truth. What were the facts in my letter in THE LANCET of March 22nd? That "*some years since*, after you had published the name of the Norwich Union as an office paying the medical referee of the party applying for the policy (which was published Oct. 5th, 1850), the late manager (Mr. Solkein) in this city told me it was a mistake for the name of their office to have been inserted in your list; and also that his office never gave a fee but to their own medical adviser." The above facts Dr. Ranking tells the medical world are an "assertion entirely without foundation." This I consider a most serious charge. Any person reading Dr. Ranking's letter who had not seen mine to which he replied, would naturally suppose that I had written that which was untrue. Such being the case, and as I shall prove Dr. Ranking to have written incorrectly, and that partly by his own letter, I trust he will be candid enough to admit that I wrote nothing but what was true.

My own case I have stated above. The next was in April, 1854. (*Vide* THE LANCET.) The Norwich Office refused to give a fee to Mr. W. W. Morgan, of Newport; and he very properly declined to certify.

Dr. Ranking, near the end of his letter, bears me out most fully in what I stated, as does also Dr. Goodwin. Dr. Ranking says, "From the moment I became associated with the directory of this office I did not cease to urge upon the management the justice as well as policy of remuneration for *every* medical opinion sought by the office; and, moreover, my endeavours were most cordially acknowledged, not only by other medical men on the directory, but by others of the board who had formerly disputed the propriety of the proceeding;"—leaving us to conjecture the time when he joined the directory. Dr. Goodwin, in his very gentlemanly letter (and for which I tender him my thanks), says: "In July, 1859, I brought the subject before the directors;" and that "the court then decided that the private medical advisers should be paid fees." Therefore we are led to infer that Dr. Ranking joined the directory in 1859. And it is a somewhat singular coincidence that Mr. Solkein, the late Bristol manager, died, as I have to-day been informed, about two years and a half since,—not far from the time when the office *first* discovered that it was to their interest to do justice to the medical profession.

Thus it will be seen that from the publication of your list which contained the Norwich Union as a paying office, up to the time of their enlightenment, was nearly nine years; which completely proves the correctness of my statement. The only thing I can conjecture with respect to Dr. Ranking's letter is, that he never read mine before he sent his letter to the office. To-day I saw the late manager's clerk, and, in the presence of another gentleman, he said, "Mr. Solkein would never give a fee to the medical referee of the party; but he invariably advised them to change their medical attendant if he should refuse to *give* the certificate."

I am, Sir, yours very truly,

Bristol, March 31st, 1862. J. G. LANSDOWN, M.R.C.S.

To the Editor of THE LANCET.

SIR,—I have the pleasure to state, for your information, that the Rock Life Assurance Company have determined to pay a fee of £1 1s. to the medical referees of lives proposed for assurance, whenever opinions are requested.

I am, Sir, your obedient servant,

Rock Life Assurance Company, JOHN GODDARD, Actuary.
New Bridge-street, Blackfriars, March 27th, 1862.

THE BRITISH TROOPS IN CANADA.

To the Editor of THE LANCET.

SIR,—I have read with pleasure Mr. Miles's able and interesting account of the British troops' winter march to Canada. He mentions the large quantities of food consumed by the soldiers; but they seem to have been provided with only a limited supply of the hydro-carbons, which were principally given to them in the shape of biscuit, sugar, and rum. I believe that in cold climates the inhabitants have recourse to those articles of diet which are rich in the elements necessary for combustion, because the amount of heat in animals generated from within is greater in order to obtain that degree necessary to existence; whereas in tropical climates there is an excess of heat from without, and the amount generated in animals is consequently at a minimum. Possibly the demand for animal food would have been less had there been a larger supply of the combustible elements. I myself believe that an allowance of cod-liver oil would have been the safest means to supply the deficiency, in preference to alcohol in any form, as there are so many social objections to it; although if a man could limit himself to a small quantity no harm could accrue; but unfortunately this is not the case with most people. The question is, Which are the best, cheapest, most agreeable, and safest hydro-carbons to be obtained as diet suitable to a cold climate? The Russians use tallow, oil, and fats. Perhaps some of your readers who are travellers can afford information respecting food which should be used in cold countries.

I am, Sir, yours obediently,

Egremont, March, 1862. S. W. S.

THE LATE DR. MARSHALL HALL'S PLAN FOR THE RELIEF OF BRONCHITIS.

To the Editor of THE LANCET.

SIR,—The splendour of Marshall Hall's discoveries in the nervous system have, perhaps, unduly thrown into the shade some of his less famed works, which contain, I venture to say, more useful matter, more valuable suggestions as to our every-day practice, than those of any other physician. Two unpretending little volumes were written by him, and published by Mr. Churchill years ago, entitled "Practical Observations and Suggestions in Medicine," and such a *multum in parvo* of useful matter I believe does not elsewhere exist.

I have been led to make these remarks by observing the great efficacy of a very simple suggestion which originated with Marshall Hall, and which is contained in the volumes to which I have alluded. All his measures were indeed simple, and philosophical too. In cases of bronchitis he recommends that

"the patient, if confined to bed, should be protected by hanging sheets or muslin curtains round the bed (besides the usual curtains), so as to avoid every little crevice which might admit a current of air; while foot-pans or large basins of water, kept at the temperature of 180° Fahr., are placed at the foot of the bed, or on chairs by the side of the bed, within the curtains, so as to distil over constantly a gentle vapour." Or "the patient may sleep under a muslin curtain, arranged in the manner of a musquito-net. This may pass over and enclose a jar containing water of a given temperature, and well protected from cooling by being surrounded by blankets. During the whole of the night he inhales a warm and genial vapour, whilst his face is exposed to it, and the whole surface is influenced by it. A state of the skin and of the air-tubes and cells is induced, which is very favourable to the cure of chronic inflammation within the chest. The success of this plan in chronic bronchitis, pneumonia, and pleuritis has been most gratifying."

It so happens that I can speak from personal experience of the extreme comfort afforded by this simple plan. A tormenting night cough has entirely ceased since I adopted the muslin curtain, notwithstanding the late diminished temperature of the atmosphere.

I remain, Sir, your obedient servant,

March, 1862. BRONCHITIS.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

To the Editor of THE LANCET.

SIR,—I request that you will allow me to correct an error which appears in your last number relative to my paper on Anchylosis, which was read before the Royal Medical and Chirurgical Society on the 11th of March.

In the discussion which followed the reading, I did not state that there was no lateral motion; but, in answer to Mr. Holthouse, I stated that whatever motion existed was regulated muscular motion, and that it was not swinging motion. I further stated that, instead of having too much motion, I hoped yet to increase the lateral motion.

I am, Sir, your obedient servant,

Grosvenor-street, March, 1862. BERNARD BRODHURST, F.R.C.S.

DEATH OF A POOR-LAW MEDICAL OFFICER AND HIS WIFE FROM TYPHUS FEVER.

To the Editor of THE LANCET.

SIR,—Allow me to direct your attention to the very painful circumstances connected with the death of the late Dr. Jones, of Deptford.

That gentleman, in the discharge of his official duties as a Poor-law medical officer, attended a bad case of typhus fever in a place called, I think, Fisher's Rents, and his zealous performance of professional duty has led to *the death of himself and his wife*—leaving four little orphans absolutely unprovided for.

It is difficult to conceive a case more entitled to professional sympathy, or better worthy the exercise of public benevolence; and I am sure, Sir, that I shall not appeal to you fruitlessly when I ask your powerful aid in making known the condition of this little family, and asking others for pecuniary assistance on their behalf. I am, Sir, your obedient servant,

Bucklersbury, April, 1862. B. B. ORRIDGE.

STATISTICS OF MIDWIFERY CASES.

To the Editor of THE LANCET.

SIR,—In your number of last week, p. 343, is a communication from Mr. Powell, of the London Hospital, doubting the correctness of my midwifery statistics, and lamenting the condensed form in which they were inserted.

As regards the first point, I beg to assure him that there is no mistake; and with regard to the second, want of time and a consideration of the space required, were the reasons of its brevity.

I am now engaged at all spare times in the arrangement and tabulation of nearly six thousand cases I have attended in private practice in this parish since I commenced in 1832, amongst which will be found some curiosities of midwifery experience, and which, when completed, I will do myself the honour of forwarding to you for publication, if you should think them worthy and can afford the space, and in which the plan of treatment, when at all peculiar, will be stated.

The comparison Mr. Powell draws is not a fair one, as the London Hospital cases are indiscriminate, while those we, as parish surgeons, attend are mostly cases of severity, where a midwife is or would have been employed had the case been an ordinary one, and will be found strangely in contrast to those attended as private, where, I think, the cases of placenta prævia are about 1 in 500 or 600, and forceps cases about 1 in 250; which will show the greater amount of work and anxiety incident to parochial duties, but with the same favourable result.

In answer to your other correspondent, "Tyro," I will, as an old and practical man (having had one of the largest midwifery practices at the East-end), give him this piece of advice, which has been to me the great and important cause of success: "Learn, Sir, when to let ill and well alone;" to bear in mind Dr. Denman's axiom, that a meddlesome midwifery is bad, and have an elastic faith in the *vis medicatrix naturæ;* so shall he in the fulness of time rejoice, if it so please him, in the euphonious glory of being styled a lucky doctor.

I have the honour to remain, Sir, in haste,
Your obedient servant,

Charles-terrace, Victoria-park, April, 1862. E. MOORE, M.D.

To the Editor of THE LANCET.

SIR,—I beg to enclose you a statistical account of 329 midwifery cases which I have attended here during the past three years. How these statistics agree with those of Dr. Moore I must leave your readers to judge. His are the most remarkable instances I have ever known.

Deliveries, 329—males, 165; females, 164. Still-born, 6; twins, 1. Deaths—mothers, 2; children, 7.

Placenta prævia	1
Transverse presentation	3
Breech presentation	1
Foot presentation	1
Craniotomy	0
Forceps	7

The death of one of the mothers arose from pneumonia three days after delivery, and in the other instance the woman died from exhaustion after a protracted labour, the child being with difficulty extracted with forceps. She was sixteen years old. I am, Sir, your obedient servant,

Seaham, April, 1862. AN ASSISTANT.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

M. VELPEAU'S observations on the experiments performed by M. Jobert de Lamballe with reference to the reproduction of tendons, embody the sum total of the opinions now held on this *vexata questio*. Two principal doctrines prevail regarding the manner in which nature effects the repair of tendons: in the one, the source of the new tissue is held to be the clot of blood effused between the ruptured or divided extremities; in the other, the tendinous sheath is supposed to exude a coagulable lymph capable of organization and of conversion into tendinous structure, the sheath thus performing an office similar in character to that already discharged by the periosteum,—that, namely, of renewing the tissue which it serves to envelop. In the first theory, says M. Velpeau, we discover part of the old Hunterian doctrine relative to the transformation of blood out of its natural channels; and the partizans of this theory are still numerous. One of its most zealous supporters, M. d'Ammon of Dresden, founded his convictions on experiments performed on the larger animals; nevertheless, the opinion is far from being general. It is alleged by modern pathologists that the organization of an effused clot is absolutely impossible; that blood once escaped from its natural channels loses its vitality and becomes a foreign body, and that consequently it cannot be revivified and converted into new tissue. M. Velpeau formerly both held and taught the first of the two doctrines, and even now admits its plausibility and convenience for the explanation of the otherwise obscure origin of many tumours and other morbid products. He sees with pleasure that M. Jobert's experiments tend to a thorough reinvestigation of the question, and at the same time points out that the arguments opposed to this doctrine are very weighty. In cases of tenotomy by subcutaneous section, for example, if the operation be carefully performed and immobility preserved, no hæmorrhage occurs, and consequently no clot; and therefore it is maintained by the partizans of the second theory (of whom M. Velpeau is now one) that the clot is a mere accident, and that its absorption is effected *pari passu* with the advance of the reparative process, which has its starting-point in the tendinous sheath. As the

glove has been thus pointedly thrown down by M. Velpeau, M. Jobert's forthcoming publication on the subject may be expected to contain a full vindication of the first of these two doctrines, which is that held by the talented surgeon of the Hôtel Dieu.

Those of your readers who take interest in French politics, and who have enough of time and stamina to wade through the closely printed columns of the *Moniteur*, in which are reproduced the discussions of the French Senate, will remember the name of the Marquis de Boissy, as that of a high-minded nobleman, sadly troubled with attacks of Anglophobia. At the height of their intensity, these attacks are characterized by peculiar symptoms, of which a gloomy patriotism, apprehension of invasion, desire of aggression, and general distrust of foreign good faith are the most prominent. M. de Boissy, in his anti-Britannic attitude, for a time stood alone, like the weather-cock on a steeple, pointing his sagacious index towards the N.N.W., in the direction of England, and recommending a sharp look out in that suspicious quarter of the compass. A second case of the same malady has appeared in another representative body, and M. Briquet, during two distinct fits of Anglophobia on two successive Tuesdays at the Academy of Medicine, has reproduced, with very slight modification, the same curious train of symptoms first observed in his prototype. The inflammable imagination of M. Briquet, fired doubtless by a spark from the *sacer ignis* of Gallic superiority, has blazed out on two occasions for the enlightenment of the Academy. Outstripping M. Davenne, M. Husson, and the red-tapists, M. Briquet deals the most sweeping blows at English hospital statistics. "They are erroneous," says he, "and unfit to serve as data in a scientific inquiry." It is true that he admits that cases are taken by responsible clerks, and that these cases are then collated by hospital secretaries; nevertheless, "Take my word for it," says M. Briquet, "The English statistics are not to be trusted. You must remember," he adds, "the incentives to falsification, the competition between hospital and hospital, the *amour-propre* of the subscriber which has to be flattered, the necessity for the inspiring of public confidence, the affording of attraction to students, &c." The only atom of comfort to English vanity in this wholesale condemnation is the fact that American statistics are held even cheaper than our own. Brother Jonathan is treated with the most incredulous indifference; and whereas, remarks M. Briquet, "M. Malgaigne has spoken of the Hospital of Massachusetts, there is no town in all America bearing that name." In fact, the honourable academician explains the mysterious circumstance of the inferior mortality in English hospitals as compared with those of France in the same way as that in which Dr. Johnson accounted for some paradox propounded to him by Boswell: "The explanation, sir, of *that* is that it is a lie."

The opinions of M. Michel Lévy, emanating as they do from an army medical inspector and the author of one of the best treatises extant on hygiene, are entitled to respect. In a lengthy and circumstantial discourse on Tuesday, M. Lévy detailed to the Academy of Medicine the results of his experience in the former capacity, and made out a very strong case in favour of the small hospital system and dissemination of the sick, as opposed to the plan of vast buildings and centralization. It is probable that the pending discussion will soon be brought to a close, and that the *ridiculus mus*—the modification promised by the administrative authorities in M. Husson's letters—will then be brought on the *tapis*, or possibly even allowed another year's hybernation.

M. Husson has just made public his last report, which does not include however the year 1861, but stops short at the end of 1860. Amongst some of the interesting details which it contains is an article devoted to the subject of hospital repairs. £40,000 are annually devoted to this purpose in the Paris hospital administration; but in 1860 the sum appears to have been greatly exceeded, and an additional expenditure of £32,000 was deemed necessary for the furtherance of the important works then in hand; of these, not the least valuable is the Marine Hospital at Berck, in the Pas de Calais, for the reception of scrofulous children. During the last eleven years nearly a million sterling has been spent in building in Paris, the Lariboisière forming no slender portion of that item. Nevertheless, such is the magnitude of the works contemplated, that, over and above the cost of rebuilding the Hôtel Dieu, an additional sum of £600,000 will still be required to complete the present programme. During the same year (1860), the admissions into the hospitals of the capital were—of surgical cases, 24,123; and of medical, 60,760. In the former class the cures were 22,692, and in the latter 52,824; and the deaths 1348 and 7959 respectively. The mortality in the case of men was 1 in 10; in that of women, 1 in 9·57; in boys, 1 in 6·35; and in girls, 1 in 6·43. The net receipts were, in francs, 19,877,368; the outgoings, 20,245,403 frs.; and the deficit, 368,035 frs. This revenue was made up of—rents and proceeds of real property, 1,043,669 frs.; interest of funded property, 1,832,330 frs.; interest of money lent to the town of Paris, 554,874 frs.; the tax levied on theatres and places of amusement, 1,614,340 frs.; and two large contributions from the municipality, amounting to upwards of nine millions of francs. The cost of the general hospitals was nearly three millions of francs; that of the special hospitals, a little more than two millions; the rest being divided between the Maison Dubois, the almshouses, repairs, building and administrative expenses. The average daily expense of each patient in the general hospitals was 2 frs. 22½ cents.; in the special hospitals, 2 frs. 07 cents.; and in the almshouses, 1 fr. 33½ cents. The total value of the hospital furniture, including linen and all other appurtenances, amounted in 1860 to about £402,000.

M. Bouchut, Physician to the Ste. Eugénie Hospital for Children, is about to commence a course on the "Diseases of Children" on the 9th inst., at the Ecole Pratique.

I am informed that, application having been made by the Emperor to the English Government for assistance in the formation of cinchona plantations in Africa, the requisite steps have been taken in order to transmit from Ceylon the plants, information as to the mode of culture, and other necessary details for the furtherance of this project.

The King of the Belgians has recently undergone lithotrity. The operation is said to have been perfectly successful, and the health of the Royal patient to be now in a most satisfactory condition.

The *Indépendance Belge* mentions that a cherry-tree in a garden at Fexhes-le-Haut-Clocher is now loaded with fine cherries. The tree has been covered with matting all the winter, and watered with *warm, greasy water*—a hint this to Covent garden.

A patient died some weeks ago in M. Trousseau's wards of saturnine convulsions, and the brain and spinal cord were committed for analysis to M. Chatin. In eight ounces of the medullary substance one-fifteenth part of a grain of sulphuret of lead was found, and an almost equal quantity was obtained from a similar amount of cerebral matter. The liver, however, contained by far the largest quantity of lead of all the organs—a proportion four times larger than that encountered in the spinal cord.

Paris, April 1st, 1862.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—At a meeting of the Council on the 3rd inst., the Collegiate Triennial Prize was awarded to Dr. Geo. Harley, of Harley-street, Cavendish-square, Professor of Physiology to University College, for his Essay "On the Anatomy and Physiology of the Supra-renal Bodies," illustrated by drawings and preparations; and the Jacksonian Prize was awarded to Mr. John Wood, F.R.C.S., of Montagne-street, Russell-square, for his Dissertation "On the Best Method of Effecting the Radical Cure of Inguinal Hernia," explaining the principle of the operation adopted, and illustrating the subject by cases and drawings.

At the same meeting of the Council, the following members who had been previously elected Fellows of the College, were admitted as such:—

Baillie, Herbert, H.M.'s Indian Army; diploma of Membership dated May 9, 1842.
Cardwent, George, Taunton, Somerset; Aug. 21, 1840.
Jones, Thomas, Manor House, Chesterfield; April 5, 1841.
Kempe, Arthur, Exeter, Devon; April 27, 1838.
Marson, Jas. Furness, Whittington-place, Upper Holloway; Feb. 7, 1834.
Turner, John H.M.'s Indian Army; April 3, 1839.
Veasey, Henry, Woburn, Bedfordshire; May 10, 1840.
Walsh, James, H.M.'s Ship *Hogue*; May 27, 1842.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the science and practice of medicine, and received certificates to practise, on the 27th ult.:—

Ashenden, Charles, Sittingbourne, Kent.
Pratt, Eustace Henry Lever, Guy's Hospital.
Southam, George Thos. Mitchell, Peterborough.
Wyman, Wm. Sanderson, St. Thomas's Hospital.

The following gentlemen also on the same day passed their first examination:—

Meadows, Robert, King's College Hospital.
Wearne, Vivian, St George's Hospital.

THE SMOKE NUISANCE ACT AMENDMENT BILL.—Messrs. Ayrton and Butler, the members for the Tower Ham-

lets, have brought in a Bill the object of which is to extend the beneficial operation of the Act for abating the nuisance arising from the smoke of furnaces in the metropolis. In the existing Act certain exemptions were retained in favour—or, more truly speaking, to the prejudice—of Whitechapel. The design is to place Whitechapel on the same footing as the rest of the metropolis. It is to be regretted that the provisions of the Smoke Act are not carried out with more strictness than is now done. Notwithstanding the measure, some parts of the town are continuously clouded in the smoke of factories. The licence tacitly allowed of a few minutes for lighting up and for coaling is grossly abused. The Act does not specify any such indulgence, and experience shows that it is not needed.

PETROLEUM.—A deputation respecting the arrival of large quantities of the dangerously inflammable fluid, American petroleum, or rock oil, in the port of London, and the great risk attending its storage at the various wharves and docks, had an interview with Secretary Sir George Grey, on Tuesday, at the Home Office. The deputation consisted of Mr. Fletcher, Sun office; Mr. Lovell, Phœnix office; Mr. Newmarch, Globe office; Mr. Baden, Imperial office; Mr Bateman, London office; Mr. Atkins, Liverpool and London office; and Mr. Johnston, Royal Insurance office.

THE ALLIES IN MEXICO.—The number of the sick, says *L'Union Médicale*, is daily increasing, in spite of the spring season. The Spaniards, though used to the climate of Cuba, have more than 1000 sick, besides 700 men going back to Havannah in a state of convalescence. The French and English, however, thanks to good medical care, have only 600 fever cases, of which, among the French, there are a good many of a typhoid character.

THE MEDICAL USE OF MALT IN GERMANY.—It would appear that German physicians have been for some time past using malt in bronchitic and dyspeptic affections with some benefit. The solution of malt, after one hour's maceration in water at 75° centigr., is peculiar, inasmuch as gluten is found in it in a dissolved condition. Malt is being used in the form of powder taken into the stomach, or added to warm baths, and also to make a kind of beer. M. Frémy, of Paris, has tried these preparations, and states in the *Moniteur des Sciences* that he considers them as excellent tonics.

A NOVEL MARRIAGE LICENCE.—M. Giordano, professor of midwifery at the University of Turin, gave this year the lecture introductory to the business of the session, and alluded principally to deformities of the pelvis in relation to marriage. So impressed is the professor with the importance of a capacious pelvis in a married woman that he proposes the following regulation: "Every woman shall be required, before signing the marriage register, to produce a certificate respecting the proper conformation of her pelvis." Another summary measure touching pelvic organs has been proposed by M. Larghi, of Vercelli: as a preventive of puerperal fever, the lining membrane of the uterus should be well brushed with a solution of nitrate of silver.—*L'Union Médicale.*

OPERATION FOR VESICO-VAGINAL FISTULA.—MODE OF STEADYING THE FISTULOUS OPENING.—M. Bourguet (of Aix, in France) mentions a case of this kind in the *Bull. de Thérap.* of Jan. 30th, and says that the usual mode of drawing down the opening is not satisfactory. He proceeds thus:—A Belloc apparatus (such as is used to facilitate the plugging of the nostrils) is passed through the meatus urinarius and the fistulous opening; to the eye of the spring a tape is then fixed, about thirteen inches long, and the Belloc's catheter is then drawn back into the urethra along with the tape, which latter thus hangs out of the urethra and vagina. To the end coming out of the former, an elastic catheter is then firmly secured, and the latter is carried into the bladder, an inch or so beyond the fistulous opening, until the tape is seen through this opening. A loop of this tape is then drawn into the vagina, and, by simply pulling it, the vesico-vaginal walls are easily brought down, the margins of the fistulous opening secured, and the section of its edges is easily performed. The case in which this contrivance was used related to a lady, aged thirty-seven, who was successfully operated upon by M. Bourguet on the 31st of December, 1861.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, MARCH 29TH.—The deaths in London, which had fallen to 1271 in the third week of March, rose to 1360 in the fourth week (that ended last Saturday). But the mortality is not high relatively to the average mortality for the end of March in ten previous years, which, when corrected for increase of population, is 1560. The deaths from typhus, which had been 123 and 108 in the first and second weeks of the month, and had declined to 63 in the third, rose again to 89 last week. Eleven of this number occurred in the London Fever Hospital. Out of 25 deaths from measles, 4 were returned in the west sub-district of Mile-end Old-town; out of 43 from scarlatina, there were 4 in the west sub-district of Islington, and 4 in Peckham. Diphtheria was fatal in 21 cases. In a family living at 249, Tottenham-court-road, the father died of phthisis, two children of whooping-cough, all of whom with a third child have died within a week. The Registrar states that the four bodies will be buried together.

The births were—boys, 1041; girls, 1083. Total, 2124.

MEDICAL VACANCIES.

A PHYSICIAN is required for the Royal Infirmary for Diseases of the Chest, City-road.

Mr. T. Byron Whitehead has resigned the office of Assistant-Surgeon to the Kent County Ophthalmic Hospital, Maidstone.

Dr. Hodges has resigned as Medical Officer to the Stapleton District, Gloucestershire.

The office of Surgeon to the Birmingham Eye and Ear Hospital, is now vacant.

A vacancy has occurred for a Resident Medical Officer to the Norwich Public Dispensary.

There is a vacancy for a Medical Officer for the Upper Deptford District of the Greenwich Union, Kent, by the death of Dr. Alfred Jones.

A Medical Officer is required for No. 1, or Fernhurst District, of the Midhurst Union, Sussex.

There is a vacancy for an Assistant Dispenser at the City of London Hospital for Diseases of the Chest, Victoria-park.

A House-Surgeon and Apothecary is wanted for the Lincoln General Dispensary.

MEDICAL APPOINTMENTS.

MR. W. SPENCER WATSON has been appointed Assistant-Surgeon to King's College Hospital.

Mr. Crawford J. Pocock has been appointed House-Surgeon to the Brighton and Hove Dispensary.

Mr. William Payne has been appointed Resident Medical Officer to the Public Dispensary, Carey-street, Lincoln's-inn-fields.

Mr. S. White Duckworth Williams has been appointed House-Surgeon, or Assistant Medical Officer, to the Northampton General Lunatic Asylum.

Mr. Wm. H. Blair has been appointed House-Surgeon to the Royal Dispensary and Infirmary, Windsor.

Mr. M. Woodward has been elected Medical Officer for the Fladbury District of the Pershore Union, Worcestershire, for the ensuing year.

Mr. John Blackburn has been appointed Surgeon to the West District of the Barnsley Union, Yorkshire, *pro tem.*, Mr. Wainwright being unable to attend to his duties; and Mr. James Barman has been appointed Medical Officer for the Wombwell District of the same Union.

Mr. John Bowes has been appointed Medical Officer for the Workhouse and the Herne District of the Blean Union, Kent.

Dr. Augustus Eves has been appointed Consulting Surgeon to the Cheltenham General Hospital, having resigned the office of Surgeon.

Mr. Wm. Simpson has been appointed Dispenser to the Stockport Infirmary.

Births, Marriages, and Deaths.

BIRTHS.

On the 13th of Feb., at Sangor, Central India, the wife of J. A. U. Thompson, M.D., Surgeon to H.M.'s 80th Regt., of a daughter.

On the 22nd ult., at Gunnislake, Cornwall, the wife of John M. Sellors, M.B., B.A., of a son.

On the 25th ult., the wife of John G. Braden, Esq., M.R.C.S., of Walthamstow, of a daughter.

On the 26th ult., at Upper Brook-street, Grosvenor-square, the wife of Jas. R. Pollock, M.D., of a daughter.

On the 27th ult., at Whittlesea, Cambridgeshire, the wife of Robert Charles Scott, Esq., Surgeon, R.N., of a daughter.

On the 28th ult., at Paradise-street, Lambeth, the wife of Henry Lewis, Esq., M.R.C.S., late of Chester, of a son.

On the 31st ult., at Devonshire-terrace, Globe-road, Mile-end, the wife of Frederick J. Reilly, Esq., M.R.C.S., of a daughter.

On the 1st inst., at Cottenham, Cambs., the wife of J. Bridger, Esq., M.R.C.S., of a daughter.

MARRIAGES.

On the 27th ult., at Kilsby, Northamptonshire, John Williams, M.D., of Alderley-edge, to Mary Colledge, eldest daughter of John Walter Price, Esq., of the former place.

On the 27th ult., at Lancaster, James Henderson, M.D., of Shanghai, to Emily, second daughter of George Rawson, Esq., of Leeds.

On the 29th ult., at St. John's Church, Frederick Blackman, Esq. M.R.C.S., of York-road, Lambeth, to Catherine Elizabeth, second daughter of the late Frederick Spencer Frost, M.D., of Portland.

DEATHS.

On the 24th ult., Thomas Hames Savory, Esq., of New Bond-street, aged 33.

On the 27th ult., at Prince's-place, Kennington, Thos. Buck, M.D., aged 47.

On the 28th ult., at Craig, Ayrshire, Wm. Pollok Morris, M.D., half-pay H.M.'s 53rd Regt.

On the 31st ult., at Newton-terrace, Rochester, Staff-Surgeon John Duncan M'Diarmid, M.D., late of the 71st Regt. Highland Light Infantry, aged 55.

Medical Diary of the Week.

MONDAY, APRIL 7

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 2 P.M.
METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
ROYAL INSTITUTION. — 2 P.M. General Monthly Meeting.
GEOLOGISTS' ASSOCIATION.—7 P.M. Mr. E. Cresy, "On Skulls and Flint Implements found in the Essex Marshes during the progress of the Main Drainage Works."
EPIDEMIOLOGICAL SOCIETY.—8 P.M. Dr. Greenhow, "History of an Outbreak of Fever at Over Darwen in the Autumn of 1861."
ODONTOLOGICAL SOCIETY OF LONDON.—8 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Mr. de Méric, "On Syphilitic Metritis."
ROYAL COLLEGE OF PHYSICIANS OF LONDON.—8½ P.M. Dr. Lionel S. Beale, "On the Anatomy of the Liver, with Observations on Certain Changes occurring in Disease."

TUESDAY, APRIL 8

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. John Marshall, "On the Physiology of the Senses."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Dr. Murray Humphry, "On the Effects of Excision of the Knee, Rickets, &c., upon Growth." — Mr. Thomas Bryant's "Analysis of 230 Cases of Lithotomy."

WEDNESDAY, APRIL 9

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
HUNTERIAN SOCIETY. — 8 P.M. Dr. Barnes, "On the New Method of bringing on and completing Labour at an appointed hour."
NORTH LONDON MEDICAL SOCIETY.—8 P.M. Dr. Cockle, "On Cystic Cutaneous Fistulæ."

THURSDAY, APRIL 10

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
LONDON HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Tyndall, "On Heat."

FRIDAY, APRIL 11

WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
ROYAL INSTITUTION.—8 P.M. Dr. Hofmann, "On Mauve and Magenta, and the Colouring Matters derived from Coal."

SATURDAY, APRIL 12

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. H. E. Roscoe, "On Spectrum Analysis."

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To Correspondents.

A Young Natural Philosopher.—Beyond the most refrangible and the Newtonian solar spectrum exists another class of rays, which latter are not visible under ordinary circumstances. If, however, the rays of light be intercepted by solutions of sulphate of quinine or of horse-chestnut bark, by a block of canary-yellow glass, coloured with the oxide of uranium, or by a crystal of fluor spar, these extra spectral rays are rendered apparent. It is to these rays, which were unknown to Newton, that the term "fluorescent" has been given by Professor Stokes, who has closely investigated them. They are luminous probably under all circumstances to those animals whose eyes are adjusted—as the eyes of most of the night-roaming creatures are—to admit the rays of highest refrangibility, and to vibrate in unison with their vibrations; but unless peculiar conditions are established (such as above noticed), the fluorescent rays are not sensible to the human eye. Refer to an interesting paper by Mr. Robert Hunt upon "Solar Chemistry" in the January number of the *Popular Science Review*.

A Householder should take care that the lead pipes are bent as little as possible. Mr. J. R. Nichols, an American chemist of some standing, has shown that leaden pipes are most acted upon by the water flowing through them when they are bent at an acute angle.

Mr. G. P. Dale.—The report of a "Case of Extirpation of the Womb" shall if possible appear in our next impression.

Medicus, (London.)—There is no law to prevent him from so doing.

THE MEDICAL ACT AND ILLEGAL PRACTICE.

To the Editor of THE LANCET.

SIR,—I was glad to see in your journal that the subject of illegally practising was brought under the notice of your readers by your correspondents, "W. R." and "X. Y. Z." I certainly do think that it behoves every member of our profession to use his entire influence in inducing the Medical Council to revise that part of the late new Act. In my neighbourhood we have a man practising who not only has no qualification, but has never attended an hospital lecture; while within a distance of three miles a carpenter has taken up the practice of medicine, and visits and prescribes; and these men, forsooth, because they do not write "surgeon" under or after their names, are not amenable to the new Act.

Is this, Mr. Editor, the boasted privilege of the benefit of the new Medical Act? For this is it that we have paid our registration fee of £2, and the newly initiated brother practitioner has to be mulcted in the sum of £5? The legal profession are well protected, and why should not we be?

I would suggest that petitions be got up and presented to Parliament, in order to obtain that protection which we now have not.

I remain, Sir, your obedient servant,

March, 1862. A REGISTERED M.R.C.S.

Poor-law Surgeon.—In the present crowded state of our columns it is impossible for us to find room for a list of those gentlemen who have responded to Mr. Griffin's appeal for pecuniary assistance. We are at a loss to understand how so small a sum as a little above a hundred pounds should have been hitherto subscribed. Money is the sinews of war, and without it it is impossible to carry on an agitation like that in which Mr. Griffin is engaged. A trifling amount from the three thousand surgeons of this kingdom would put ample funds in the hands of the officers of the Poor-law Medical Reform Association.

J. A. M., (Portsmouth.)—The paper has not been received.

Mr. Hammond.—"Spontaneous combustion," as the result of drunkenness, is no longer acknowledged by the scientific world as having taken place. Both *à priori* chemical reasons and the histories of the cases recorded are opposed to the probability of the asserted fact. Our correspondent should refer to *Fraser's Magazine* of the past year, where he will find the subject well discussed.

One of the Old School.—The work of Mr. Langston Parker will afford the information required.

Rev. J. Going will oblige us by forwarding the memoir.

NEW REMEDIES.

To the Editor of THE LANCET.

SIR,—Relative to a query propounded by one of your readers in your issue of last week, concerning the exact and precise method of preparing the newly introduced syrup of Iceland moss as a substitute for cod oil, which I briefly adverted to in your journal of the 8th ult., allow me again, through the medium of your publication, to make a few corrective remarks, as there is evidently some great mistake, difficulty, as also misunderstanding created amongst those who have tried its preparation, from the several notes I received on the subject. No doubt, I admit, its preparation is troublesome and tedious, and to many the quantity appears (of moss I mean) large, being a concentrated form or jelly, when prepared as I mention, which requires some little practice and perseverance. To make a long story short, I will at once pass by this tedious operation, and propose a much more simple mode of preparing for the convenience of those who have not the necessary apparatus. Take four ounces of the moss (of course non-concentrated), soak in the method alluded to, cut into small fragments previously; then boil with one quart of water and half a pound (or more if you think proper) of sugar for half an hour; then strain through clean muslin; skim, and when nearly cold add a little spirit, when it is ready for use.

I remain, Sir, your obedient servant,

Lancaster Infirmary, April, 1862. JAMES MITCHELL, L.R.C.S.E.

Malverniensis.—The letter of our correspondent involves a serious charge against a gentleman occupying a high position in our profession. Assuming the statements made in the letter to be founded on fact, it shall be published if he will attach his name to his communication. Anonymous statements fail, as a matter of course, to attract the serious attention of the public or the profession. There are occasions undoubtedly in which it may be necessary for a correspondent to shelter himself under a mere soubriquet; but in matters in which personal character is concerned, the real name and address of the writer are essential. Never was the truth of this wholesome axiom of greater weight than at the present time. Quackery is rampant even amongst some of the foremost and the best educated members of our profession. To act efficiently against it, men must stand boldly and honestly forward. To the fullest legitimate bounds we are not only willing but anxious to defend our correspondents from any harm that may accrue to them from their communications to us. But there is a limit to this forbearance. No correspondent is justified in making charges which are capable of proof under an anonymous signature.

MEDICAL ZOOLOGY.

To the Editor of THE LANCET.

SIR,—In consequence of the high praise bestowed by the Editor of the *British and Foreign Medico-Chirurgical Review* (in the January number) on the translator of Moquin-Tandon's "Medical Zoology," I have been induced to purchase the volume. I accidentally open the book at p. 86, and in that single page I find two remarkable statements, which will probably be as new to your readers as they are to myself. As, however, they are endorsed by the authority of the Editor of the *Medico-Chirurgical Review*, we must accept them as true.

1. "The English obtain from Prince's Island a large species of achatina (*A. carinata*), which they have introduced into Europe as a remedy for phthisis."

2. Helicine (a mucilaginous principle contained in snails) "consists, like human venous blood, of oleine, margarine, cholesterine, lecithine, and cerebrine."

In THE LANCET for January 11th, one of your correspondents showed that the Editor of the *Medico-Chirurgical Review* had the misfortune to differ in his views from Lehmann, Gorup-Besanez, Strecker, &c.

As a supplement to your correspondent's letter, I beg to show your readers the peculiar nature of the chemical views which do meet with the approbation of that learned Editor.

I am, Sir, your obedient servant,
AN OLD LECTURER ON CHEMISTRY AND
March, 1862. MATERIA MEDICA.

A Correspondent (Selby) will excuse us for answering his inquiries in this place.—1. About ten shillings a day.—2. Obtained with difficulty; the payment for services is liberal. The appointments rest with the directors of the company.—3. Not so difficult to obtain. Application should be made to the Colonial Secretary. The emolument is good.—The 4th question is answered in the preceding replies.

Dr. R. S. Sisson.—It is to be regretted that the *esprit de corps* in our profession is not what it should be. We think it would be inadvisable to publish Dr. Sisson's letter. It is not consistent with a sound policy to expose our weak points to those who are not always friendly to us.

THE EXCRETA OF REPTILES.

To the Editor of THE LANCET.

SIR,—Will your correspondent, "M.," favour me with the title and page of the Hon. Robt. Boyle's work, in which reference is made to the use of the excreta of reptiles? Yours obediently,
King's College, Strand, April, 1862. G. SMITH.

A. X. would probably be exempt from the preliminary examination; but he should address a memorial to the Examining Board which he is desirous of passing.

Dr. Wm. Kebbell's (Brighton) interesting paper, "On the Climate of Brighton in Pulmonary Consumption," shall appear in an early number.

ELECTION OF A PARISH SURGEON.

To the Editor of THE LANCET.

SIR,—The following report of an election at Canterbury appeared in the *Maidstone Journal* of March 4th:—

"ELECTION OF PARISH SURGEON.—At the monthly meeting of the Court of Guardians on Tuesday, the principal business was that of electing a surgeon to fill the place of T. S. Cooper, Esq. Only three candidates appeared: Mr. A. B. Andrews and Mr. Callaway, of Canterbury; and Dr. Henry Usher, of Chartham. Mr. Andrews merely sent a formal application, unaccompanied by any testimonials. Mr. Callaway's letter was accompanied with several very excellent testimonials, which had already been circulated in a printed form amongst the guardians. Dr. Usher also sent several good testimonials, accompanied by two letters, in the first of which he simply offered his services, and the second contained an offer to do the duties at a salary of £80, or £20 less per annum than what the Court had offered, although it was stated by some of the guardians that Dr. Usher, when soliciting their votes, had said that £100 was little enough. The numbers were—Mr. Callaway, 23; Dr. Usher, 3; Mr. Andrews, 0."

Surely, Sir, Dr. Usher behaved unfairly both towards the other candidates and towards himself in offering to undertake the duties at a reduced rate. Such underselling as this might be pardoned in a grocer, but it can hardly be countenanced in the medical profession.

I remain, Sir, yours obediently,
March, 1862. A GRIFFINITE.

Dr. George Wood, (Ackworth.)—We have carefully perused the correspondence forwarded to us; but it is impossible to arrive at any satisfactory opinion respecting such a matter in the absence of a copy of the actual replies which Dr. Wood received from Mr. Birtwhistle. *Prima facie,* it would appear that Dr. Wood has a just ground of complaint against Mr. Birtwhistle for interfering with patients under his (Dr. Wood's) immediate charge. But what is Mr. Birtwhistle's answer to this accusation? This the correspondence forwarded to us does not enable us to gather. Upon one point, however, there can be no difference of opinion. It is the bounden duty of all parties in a professional dispute to submit to a fair and competent arbitration. Without assuming on this occasion the office of a judge, we may express our regret in the interest of the profession that Mr. Birtwhistle has refused to submit the cause of dispute with himself and Dr. Wood to a Court Medical. Disinterested parties, having only the welfare of the profession at heart, could not fail to arrive at an honest verdict in conformity with the evidence adduced before them. *Ex-parte* evidence is not received in any court of law or equity. This is a wise provision. Were any other rule acted upon, there would be neither justice nor equity in the verdict. Surely Mr. Birtwhistle will, on consideration, not refuse an appeal to a competent tribunal. If he should, however, he must allow judgment against him to go by default. We are far from impugning the justice of Dr. Wood's statement. Unanswered, it is damaging to his opponent; but surely some explanation can be given. Whether that explanation may be satisfactory or not, is another question.

BOYS' DRESS.

To the Editor of THE LANCET.

SIR,—I conclude that the subject of dress as affecting health, especially the health of the young, is one that comes within your province, and one on which you must be well calculated to give advice to laymen. I should be glad of your opinion as to the tendency of the present system of dressing youths in shooting coats or jackets that fasten at the top with one button. It appears to me very pernicious, though with good cutting it looks exceedingly well. Its evident tendency, even with those of set frames, is to pull forward both shoulders, and thereby narrow the chest, or at any rate to help a predi-position in that direction, instead of counteracting it. I see much of it with the young. I cannot conceive how their chests can fairly develop under such a system. The jacket must be kept buttoned to sit well. The chest always seems imprisoned. Granted that the jacket is loose at first, it becomes tight before it is worn out, and tight, too, just in the spot where looseness and free action are all important. If you would watch some of the young people around you, and, if you agree with me, give them warning, I think that you will do a good deed to the rising generation. In my day, incipient swells of twelve years old struck for Wellingtons and stiff collars, getting perhaps premature corns and half garotting themselves, a few years before society required such a sacrifice; but I fear that the new mania is more to their damage than the old.

I am, Sir, your obedient servant,
Portsmouth, March, 1862. A SCHOOLMASTER.

POOR-LAW MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—Allow me to suggest, now that funds are so urgently requested for the amelioration of the cause of the above, that each Poor-law surgeon, if not every member of the profession, subscribe one shilling to Mr. Griffin's fund. Let every one send twelve postage stamps on a certain day, now that time is approaching for the final effort. Yours obediently,
March, 1862. DORCHESTRIAN.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. H. Lee; Dr. T. K. Chambers; Mr. Henry Thompson; Mr. M'Whinnie; Dr. J. A. Marston; Mr. Barlow, (with enclosure;) Dr. Fisher, King's Lynn; Dr. Chestham, Rochdale; Mr. Bridger, Cottenham; Mr. J. Storrow, Newbottle; Mr. M'Diarmid; Dr. Kebbell, Brighton; Mr. C. H. Moore; Mr. F. Mason; Mr. C. F. Empson, Selby; Mr. G. E. Powell, Brighton; Dr. Wood, Ackworth, (with enclosure;) Mr. B. Brodhurst; Mr. E. Cottingham, Navenby, (with enclosure;) Dr. Cook, (with enclosure;) Mrs. E. Mackay; Dr. Attill, Birmingham; Mr. J. G. Lansdown; Mr. J. Mitchell; Mr. J. S. Spedding, Dumfermline, (with enclosure;) Mr. F. W. N. Wilson, Newcastle, (with enclosure;) Mr. J. P. Dale; Mr. J. Goddard; Mr. H. Thomas; Dr. Hill, Birmingham; Dr. Bishop, Moreton Hampstead; Dr. Bedwell, Albrighton, (with enclosure;) Dr. Allen, Yealand Conyers, (with enclosure;) Mr. Thompson, Marton, (with enclosure;) Dr. Millar, (with enclosure;) Mr. J. F. Cookson, Preston; Dr. Davey; Mr. J. Weaver, Helston; Mr. J. H. Roberts; Mr. B. Barwell; Dr. Head, Carlisle, (with enclosure;) Mr. E. Keys, Wigan, (with enclosure;) Messrs. W. S. and C. Felton; Dr. Rigby; Mr. A. Bamford, Chorley, (with enclosure;) Mr. E. Percan; Prof. Maclean; Mr. C. T. Davenport, Tunstall, (with enclosure;) Mr. R. Heathcote, Manchester, (with enclosure;) Dr. Buchanan, Glasgow, (with enclosure;) Mr. S. Argent; Mr. J. B. Bromley, Lye, (with enclosure;) Dr. F. Wright; Mr. G. Smith; Messrs. Fletcher and Herbert, Uttoxeter, (with enclosure;) Mr. J. G. French, Wells; Mr. F. Reilly; Professor Tennant; Mr. J. C. Shepherd, Kettering; Mr. A. C. Bartrum, Beurlydding, (with enclosure;) Dr. E. Moore; Mr. E. R. Cousans, Lincoln; Mr. Fletcher, Liverpool; Mr. Horner, (with enclosure;) Mr. Andrews, Brenston, (with enclosure;) Mr. Mosely; Mr. W. Edwards, Ottery St. Mary, (with enclosure;) Messrs. Horsenail and Catchpool; Not a Deputy Inspector-General of Hospitals and Fleets; A. K.; An Assistant; S. W. S.; M.R.C.S.E.; Non-Medicus; N. G.; Philo-Biblicus; Medicus; Lex, (with enclosure;) Royal Institution; One of the Old School; A Young Natural Philosopher; A Householder; Poor-law Surgeon; M.D.; Malverniensis; An Old Subscriber; An Old Lecturer on Chemistry and Materia Medica; &c. &c.